

Case Number:	CM15-0105034		
Date Assigned:	06/12/2015	Date of Injury:	04/10/2013
Decision Date:	07/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 54-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of April 10, 2013. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve requests for trigger point injection therapy, shoulder bicipital tendon injection, and a subacromial bursa injection. The claims administrator referenced a RFA form dated May 14, 2015 and a progress note dated May 12, 2015 in its determination. The applicant's attorney subsequently appealed. In an order form dated May 12, 2015, Norco and Flexeril were endorsed. In an order form dated March 3, 2015, Mobic, Norco, and Flexeril were endorsed. In a RFA form dated May 14, 2015, a bicipital tendon injection, a shoulder subacromial bursa injection, and a trigger point injection were all proposed. In a May 12, 2015 progress note, the applicant reported ongoing, persistent left shoulder pain complaints. The applicant stated that acupuncture had proven unsuccessful. Trigger point injections, shoulder subacromial injection, and a bicipital tendon injection were all proposed. Palpable tender points were noted about the periscapular, bicipital region, and subacromial regions. Multiple injections were proposed. The applicant did exhibit relatively well-preserved shoulder flexion and abduction in the 160-degree range.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One (1) left bicipital tendon sheath injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Corticosteroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: No, the proposed bicipital tendon sheath injection was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 9, Table 9-6, page 215, prolonged or frequent usage of cortisone injections into the subacromial space or the shoulder joint are deemed not recommended. Here, the concomitant requests for a subacromial bursa injection, bicipital tendon injection, and four sets of trigger point injections, taken together, do strongly suggest that the attending provider was intent on performing frequent cortisone injections. The attending provider's May 5, 2015 progress note, furthermore, did not clearly state how many prior injections the applicant had or had not had over the course of the claim. Therefore, the request was not medically necessary.

One (1) left subacromial bursa injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Corticosteroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: Similarly, the request for a shoulder subacromial bursa injection was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, the prolonged or frequent usage of cortisone injections into the subacromial space or the shoulder joint is deemed not recommended.? Here, the attending provider's concomitant requests for a bicipital tendon injection, subacromial bursa injection, and trigger point injection therapy, taken together, strongly suggested that the attending provider was, in fact, intent on performing prolonged, frequent, and/or repetitive injections involving the shoulder region, despite the unfavorable ACOEM position on the same and despite what appeared to be the considerable lack of diagnostic clarity present here. Therefore, the request was not medically necessary.

Four (4) trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: Similarly, the request for a shoulder subacromial bursa injection was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, the prolonged or frequent usage of cortisone injections into the subacromial space or the shoulder joint is deemed not recommended. Here, the attending provider's concomitant requests for a bicipital tendon injection, subacromial bursa injection, and trigger point injection therapy, taken together, strongly suggested that the attending provider was, in fact, intent on performing prolonged, frequent, and/or repetitive injections involving the shoulder region, despite the unfavorable ACOEM position on the same and despite what appeared to be the considerable lack of diagnostic clarity present here. Therefore, the request was not medically necessary.