

Case Number:	CM15-0138355		
Date Assigned:	07/28/2015	Date of Injury:	03/01/2012
Decision Date:	08/25/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 49 year old female, who sustained an industrial injury on March 1, 2012. She reported injury to her upper back with a popping sensation in her low back and neck. The injured worker was diagnosed as having lumbar sprain and strain, bilateral plantar fasciitis, bilateral lower extremity radiculopathy and psychological sequelae. Treatment to date has included diagnostic studies, medications, physical therapy and chiropractic treatment. On June 10, 2015, the injured worker complained of pain to the neck and lower back with radiation, poor sleep and anxiety. Physical examination revealed tenderness and spasm along with decreased range of motion to the cervical spine, lumbar spine and right shoulder. The handwritten treatment plan was illegible. On July 8, 2015, Utilization Review non-certified the request for cortisone injection to the right shoulder and pain management consultation for the cervical spine, citing Official Disability Guidelines and ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the right shoulder: 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), Shoulder chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-Steroid injections.

Decision rationale: Cortisone injection to the right shoulder is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. The MTUS states that both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. The ODG states that corticosteroid shoulder injections can be given for a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder if the symptoms are not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; pain interferes with functional activities. Additionally the ODG states that only one injection should be scheduled to start, rather than a series of three; and that a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. The 6/10/15 documentation reveals upon physical exam that the patient has decreased cervical spine and right shoulder range of motion. The documentation from this date does not reveal specific physical exam findings of adhesive capsulitis, impingement syndrome or rotator cuff problems. Additionally, it appears that the 2/13/15 panel QME reveals that the patient last worked on 4/18/13 and that she has had an MRI arthrogram and a cortisone injection of the right shoulder in the past. The documentation does not reveal evidence of increased function or decreased pain or evidence of efficacy of prior right shoulder cortisone injection therefore the request for another right shoulder cortisone injection is not medically necessary.

Pain management consultation for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM second edition Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Pain management consultation for the cervical spine is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the need for a pain management consultation. The documentation does not reveal objective findings of cervical radiculopathy on physical exam. The documentation does not reveal objective cervical imaging studies. The documentation indicates that the patient has chronic neck pain. It is unclear how this consult will change the medical management of the patient and therefore this request is not medically necessary.