

<b>Case Number:</b>	CM15-0143883		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on 4-27-11. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar central disc protrusion L5-S1 and disc bulge L4-L5; multiple level thoracic degenerative disc disease; cervical disc protrusion C4-C5, C5-C6, C6-C7; lumbar facet disease L3-L4, L4-L5, L5-S1; right- sided cervical radiculitis; depression; bilateral shoulder rotator cuff syndrome; left shoulder tendinopathy with degenerative joint disease. Treatment to date has included physical therapy; home exercise program; medications. Currently, the PR-2 notes dated 5-29-15 indicated the injured worker presents for his comprehensive monthly follow- up visit. He complains of severe localized low back pain axially radiating in the mid back all way to the neck. He has constant neck pain shooting down to the upper extremities, right more than left with tingling, numbness and paresthesia. He scores the neck pain at 4-5 out of 10 and the low back pain as 7-8 out of 10. Prolonged sitting, descending stairs and lifting heavy objects make his pain worse. He is angry, frustrated and depressed because of unbearable pain. He would like to consider lumbar spine surgery if medial branch blocks cannot be approved. Objective findings are documented by the provider as hyperextension maneuver of the lumbar spine is strongly positive. The bilateral sitting straight leg raise is 50-60 degrees. There are no sensory disturbances to light touch in the legs. There is a loss of normal lordotic curve of the cervical spine. Range of motion of the lumbar spine is restricted. Right-sided Spurling's maneuver is positive with localized tenderness present at the right AC joint area. Paravertebral muscle spasm and localized tenderness is present in the lumbar facet joint at L3-L4, L4-L5 and L5-S1 levels. His treatment

plan includes a recommendation for a surgical consult. He would like to continue the medications regime and home exercise. The provider is requesting authorization of Left shoulder injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left shoulder injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter. (online version) Steroid injections.

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

**Decision rationale:** According to the guidelines, shoulder injections are recommended for rotator cuff inflammation, impingement syndrome or small tears. They are not recommended for frequent injections. In this case, the claimant has "rotator cuff syndrome." Progress note on 7/27/15 indicated that range of motion is improved and that there is only point tenderness in the AC area. There is no indication of tear, inflammation of impingement. As a result, the request for the injection is not medically necessary.