

<b>Case Number:</b>	CM15-0148880		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	02/05/2002
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: 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 56 year old female, who sustained an industrial injury on 2-5-2002. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical spondylosis with radiculopathy and myelopathy at cervical 5-6, adjacent cervical 4-5 segment disease, cervical 4-5 herniated nucleus pulposus with myelopathy, and cervical 4-5 stenosis and cervical post laminectomy fusion syndrome. Cervical x rays showed cervical fusion hardware intact. Treatment to date has included surgery, therapy and medication management. In a progress note dated 7-20-2015, the injured worker complains of left sided neck and shoulder pain. Physical examination showed left trapezius trigger point, left occiput and left subacromial tenderness and decreased cervical range of motion. The treating physician is requesting cervical spine computed tomography scan and a subacromial injection to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan of The Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** According to the CA MTUS ACOEM neck and upper back guidelines, if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause such as an MRI for neural or other soft tissue, and CT for bony structures. In this case, the injured worker has presented with complaints of neck and left shoulder pain. However, in the absence of red flags, re-injury or attempt at recent course of conservative treatment, the request for advanced imaging studies is not supported. The request for CT scan of The Cervical Spine is not medically necessary and appropriate.

**Sub-Acromial Injection to The Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** According to the CA MTUS ACOEM guideline's shoulder chapter, "Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a sub acromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e. strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections." In this case, the injured worker has presented with complaints of increased left shoulder pain. However, in the absence of recent course of conservative care, the request an injection is not supported. The request for Sub-Acromial Injection to The Left Shoulder is not medically necessary and appropriate.