

<b>Case Number:</b>	CM15-0032577		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	08/31/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 41 year old female, who sustained an industrial injury on August 31, 2010. She has reported pain in the neck, bilateral shoulders, back and bilateral upper extremities associated with tingling and numbness of the upper extremities and hands. The diagnoses have included major depressive disorder, cervical sprain/strain, thoracic sprain/strain, pain in the upper arm joint and myofascial pain. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, surgical intervention of the wrist, pain medications and work restrictions. Currently, the IW complains of neck pain, upper extremity pain with tingling and numbness, bilateral shoulder pain and back pain. The injured worker reported an industrial injury in 2010, resulting in chronic pain as previously noted and severe depression. She was treated with cognitive behavioral therapy, conservative therapies and surgical intervention without complete resolution of the pain. Evaluation on August 25, 2014, revealed life stressors and increased depression requiring hospitalization. Evaluation on January 15, 2015, revealed continued bilateral shoulder pain. Pain injections were requested. The depression was noted as stable. On January 22, 2015, Utilization Review non-certified a request for Bilateral cortisone injection, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 20, 2015, the injured worker submitted an application for IMR for review of requested bilateral cortisone injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral cortisone injection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Steroid Injections.

**Decision rationale:** The official disability guidelines indicates that the criteria for a shoulder steroid injection includes a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems. The attach medical record indicates that the injured employee does not have any recent diagnosis of these issues in the most recent progress note dated December 23, 2014 includes a diagnosis of bilateral shoulder bursitis and biceps tenosynovitis. Without justification for these injections, this request for bilateral shoulder steroid injections is not medically necessary.