

Case Number:	CM15-0036229		
Date Assigned:	03/04/2015	Date of Injury:	03/05/1990
Decision Date:	04/16/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/26/2015

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, Texas

Certification(s)/Specialty: Internal 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 57 year old female, who sustained an industrial injury on March 5, 1990. The injured worker had reported a neck and shoulder injury. The diagnoses have included cervical degenerative disc disease, left shoulder impingement, lumbago, cervical radiculopathy and right hip osteoarthritis. Treatment to date has included medications, radiological studies and a cervical fusion. Current documentation dated January 22, 2015 notes that the injured worker reported ongoing and worsening left greater than right neck pain, spasms and increasing left shoulder pain. Physical examination revealed that the injured worker could not turn her neck sideways without pain. The documentation notes the neck pain had been getting worse for six months. A cervical x-ray revealed progressive degenerative disc disease at the level above the fusion. On January 31, 2015 Utilization Review non-certified a request for diagnostic subacromial steroid injection to the left shoulder. The MTUS, ACOEM Guidelines and the Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic subacromial steroid injection to left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 178, 204. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Shoulder, Steroid injections.

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

Decision rationale: According to the ACOEM chapter on shoulder pain, invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial 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 patient was seen on 1/22/15. The documentation does not support that the patient meets criteria for an injection. There is no documentation to support failed conservative therapy or limited range of motion on exam.