

Case Number:	CM15-0036957		
Date Assigned:	03/05/2015	Date of Injury:	03/19/2010
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 48 year old female who sustained a work related injury on March 19, 2010, after accidentally being hit on top of the head by a door at a bar, knocking her head forward. She complained of pain in her shoulders radiating up into her head and numbness in the neck and both upper extremities. The injured worker was diagnosed with degenerative disc disease of the cervical spine, and a closed head injury with post traumatic headaches and dizziness. Treatment included physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, anti-inflammatory drugs, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), and massage therapy. Currently, the injured worker complained of persistent neck and shoulder pain with memory deficits and loss of balance. On February 19, 2015, the retrospective request for one major joint injection to the shoulder with Marcaine 2cc and Lidocaine 2cc on February 4, 2015, is certified and the retrospective request for one urine toxicology on February 4, 2015, is non-certified by Utilization Review, noting the Official Disability Guidelines and the California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Major joint injection (shoulder) with Marcaine 2cc and Lidocaine 2cc: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: According to MTUS guidelines, shoulder complaints chapter, shoulder injection "Two or three sub- Prolonged or frequent use acromial injections of cortisone injections local anesthetic and into the sub-acromial cortisone preparation space or the shoulder over an extended joint (D) period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears (C, D)." There is no clinical or radiological evidence supporting that the patient is suffering from a rotator cuff inflammation, impingement syndrome, or small tears. There is no documentation that the treatment is a part of a rehabilitation program. Therefore, the request for Retro 1 Major joint injection (shoulder) with Marcaine 2cc and Lidocaine 2cc is not medically necessary.

Retrospective request for 1 Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient have a history of use of illicit drugs. Therefore, the request for retrospective Urine drug screen is not medically necessary.