

Case Number:	CM15-0043356		
Date Assigned:	03/13/2015	Date of Injury:	09/04/2012
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/06/2015

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: Texas, Florida

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 53 year old female, who sustained an industrial injury on September 4, 2012. The injured worker was diagnosed as having left shoulder sprain/strain, AC joint separation, thoracic sprain/strain, herniated thoracic disc, lumbar spine sprain/strain, herniated lumbar disc of L1-L2 and L4-L5, and cervical spine sprain/strain. There are associated diagnoses of anxiety disorder, depression and medications induced gastritis. Treatment to date has included MRI of the thoracic and lumbar spine on October 14, 2013, MRI arthrogram of the left shoulder on May 1, 2014, left shoulder arthroscopic decompression and Mumford procedure in 2004, physical therapy and medications. Currently, the injured worker complains of severe shoulder pain, cervical spine pain and upper back pain. On examination, the injured worker has restricted and painful cervical spine range of motion. She reports tenderness to palpation of the paraspinal muscles and has a positive foraminal compression test and positive Spurling's test. Her left shoulder has a positive impingement test and tenderness over the greater tuberosity of the humerus. Her treatment plan included an ultrasound guided corticosteroid injection to the left shoulder for alleviation of pain and discomfort; cervical epidural based steroid therapeutic pain management procedure of C4-C5 and C5-C6 with epidurogram, continuation of medications and modified work duties. The medications listed are Ultram and Prilosec. A Utilization Review determination was rendered recommending non certification for left shoulder Ultrasound guided steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Corticosteroid Injection, Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines 9792.24.2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Shoulder.

Decision rationale: The CA MTUS and the ODG guidelines recommend that steroid injections can be utilized in the treatment of severe joint pain when conservative treatments with medications and PT have failed. The records indicate that the patient completed and failed medications treatments and PT. There is a prior history of left shoulder surgery and a plan for revision surgery if less invasive treatment measures fail. There is documentation of subjective, objective and radiological findings consistent with exacerbation of the left shoulder condition. The criteria for the ultrasound guided left shoulder corticosteroid injections is medically necessary and appropriate.