

Case Number:	CM13-0037786		
Date Assigned:	12/18/2013	Date of Injury:	06/07/2013
Decision Date:	01/30/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old female who reported an injury on 06/07/2013. The patient is currently diagnosed with history of lumbar disc disease with radiculitis, a history of cervical disc disease with radiculitis, left shoulder tendinitis, and history of myofascial pain and cervicogenic headaches. The patient was recently seen by [REDACTED] on 11/25/2013. The patient reported persistent lower back pain with radiation to bilateral lower extremities. The patient also reported neck pain with headaches as well as left shoulder pain. The patient reported significant relief from previous injections that she received in her left shoulder on 11/06/2013. Physical examination revealed tenderness to palpation and spasm to the left trapezius into her left levator scapulae and point tenderness at the acromion into the left deltoid with decreased range of motion at the cervical spine in all directions. The patient also demonstrated decreased range of motion of the left shoulder with tenderness to palpation of the lower lumbar paravertebral muscles, and positive straight leg raising on the left with decreased sensation. Treatment recommendations included continuation of current medications and a repeat left shoulder subacromial injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective pain injection for DOS 9/16/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 9.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201-205.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, "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 for 2 to 3 weeks. As per the clinical notes submitted, it was documented on 09/16/2013 by [REDACTED]; the patient underwent a pain injection for control of severe pain. The patient had presented on that date with complaints of neck pain, low back pain, and left shoulder pain. Physical examination only revealed decreased lumbar range of motion, tenderness to palpation of the lumbar spine, and decreased left shoulder range of motion. The report does not document the composition or dosage of the medication administered in the pain injection. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.