

<b>Case Number:</b>	CM14-0200723		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	07/04/2011
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58-year-old female, who sustained an industrial injury on 7/4/11. The injured worker was diagnosed as having displacement of thoracic or lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, spasm of muscle, sacroiliitis, and pain in joint involving shoulder and disorders of bursae and tendons in shoulder region. Treatment to date has included oral medications including opioids. Currently, the injured worker complains of muscle spasm and tightness of upper back on left side which is interfering with her ability to function. The injured worker states she is managing her pain with Naprosyn and Norco; Soma is not helpful. The treatment plan for date of service 6/23/14 included refilling Norco, Naprosyn and prescription for Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Right Shoulder Injection with Ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The available records indicate the patient has chronic neck, right shoulder, neck, and upper back pain. The current request is for outpatient right shoulder injection with ultrasound guidance. The CA MTUS and ACOEM are silent on this issue. The ODG has this to say regarding steroid injections in the shoulder: Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. In this case, the available medical records indicate the patient has attempted three prior injections in the shoulder with little long-term benefit. The available medical records provided for review fail to establish medical necessity for another cortisone injection in the shoulder when other attempts have not shown success. Furthermore, ultrasound guidance has not been shown to result in better long-term benefits. As such, the request is not medically necessary.