

<b>Case Number:</b>	CM15-0014913		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: California

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 66-year-old female, with a reported date of injury of 12/01/2004. The diagnoses include cervical spine pain with left arm radiculopathy, left shoulder pain, left shoulder rotator cuff tear, and cervical spondylosis. Treatments to date have included an MRI Arthrogram of the left shoulder, and cervical spine epidural at C5-C7. The progress report dated 12/10/2014 indicates that the injured worker had ongoing cervical spine pain. The objective findings include cervical spine forward flexion at 45 degrees, extension at 60 degrees, rotation to the left at 60 degrees, rotation to the right at 65 degrees, lateral bending to the left at 45 degrees, lateral bending to the right at 50 degrees, and positive Spurling's test on the left with numbness. The treating physician requested left shoulder injection under ultrasound guidance and left cervical epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder injection under ultrasound guidance to contain Lidocaine, Marcaine and Kenalog:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation ODG Shoulder Procedure Summary last updated 8/27/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, Steroid Injections Shoulder Chapter, Ultrasound guidance for shoulder injections.

**Decision rationale:** The patient presents with pain in the cervical spine and the left shoulder. The request is for LEFT SHOULDER INJECTION UNDER ULTRASOUND GUIDANCE TO CONTAIN LIDOCAINE, MARCAINE, AND KENALOG. Patient is status post left shoulder arthroscopy 08/24/05. Physical examination to the left shoulder on 10/31/14 revealed tenderness to palpation lateral to the acromion and along the intertubercular sulcus. Hawkins, Speed, and O'Brien tests were positive. MRI findings of the left shoulder on 11/24/14 showed 2.5 cm long interstitial delamination type tear in the distal supraspinatus tendon, mild tendinitis and undersurface fraying as well as interstitial more subtle delamination in the infraspinatus tendon but no full-thickness rotator cuff tear or retraction, contrast from the subacromial bursa extending into the acromioclavicular joint space suggesting introduction of contrast into the subacromial space and communication into acromioclavicular joint space from prior subacromial decompression or simply from prior acromioclavicular joint degenerative changes, and mild to moderate long head biceps tendinosis/tendinitis without evidence of tear. Per 10/31/14 progress report, patient's diagnosis include left shoulder pain, left shoulder rotator cuff tear status post repair, rule out current left rotator cuff tear, and left shoulder chronic impingement. Patient's medications, per/09/09/14 progress report include Levastatin, Amlodipine, Bayer Aspirin, and Cardavel. Patient is retired. ODG Guidelines, Shoulder Chapter, under Steroid Injections has the following: Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. One trial found mean improvements in disability scores at six weeks of 2.56 for physical therapy and 3.03 for injection, and at six months 5.97 for physical therapy and 4.55 for injection. Variations in corticosteroid/anesthetic doses for injecting shoulder conditions among orthopaedic surgeons, rheumatologists, and primary-care sports medicine and physical medicine and rehabilitation physicians suggest a need for additional investigations aimed at establishing uniform injection guidelines. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. Intra-articular injections are effective in reducing pain and increasing function among patients with adhesive capsulitis. ODG Shoulder Chapter, Ultrasound guidance for shoulder injections: "In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. While ultrasound guidance may improve the accuracy of injection to the putative site of pathology in the shoulder, it is not clear that this improves its efficacy." The treater has not discussed this request. In review of the medical records provided, there are no records of a prior steroid injection to the right elbow. ODG and ACOEM do support trial of injections for short term relief. However, the requested ultrasound guidance is not supported by the Guidelines. Therefore, the request IS NOT medically necessary.

**Left C5-6, C6-7 cervical epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient presents with pain in the cervical spine and the left shoulder. The request is for LEFT C5-6, C6-7 CERVICAL EPIDURAL INJECTION. Patient is status post left shoulder arthroscopy 08/24/05. Physical examination to the cervical spine on 12/10/14 revealed decreased range of motion in all planes. Spurling test was positive on the left with numbness in the third, fourth and fifth fingers of the left hand. Per 12/10/14 progress report. MRI of the cervical spine on 04/30 11 showed disc protrusions at C4-5, C5-6 and C6-7. Patient had a cervical epidural injection on 12/03/14 which provided good relief of her symptoms. Per 10/31/14 progress report, patient's diagnosis include left shoulder pain, left shoulder rotator cuff tear status post repair, rule out current left rotator cuff tear, and left shoulder chronic impingement. Patient's medications, per/09/09/14 progress report include Levastatin, Amlodipine, Bayer Asprin, and Cardavel. Patient is retired. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." In progress report dated 12/10/14, treater states that the patient had cervical spine epidural at C5-7 on 12/03/14 which gave her good relief of her symptoms. Spurling test was positive on the left with numbness in the third, fourth and fifth fingers of the left hand. However, MRI of the cervical spine does not corroborate the patient's radicular symptoms; it showed disc protrusions at C4-5, C5-6 and C6-7. Furthermore, the patient is not diagnosed with cervical radiculopathy, as required by the guidelines for this procedure. The request does not meet guideline recommendations and therefore, it IS NOT medically necessary.