

Case Number:	CM15-0017178		
Date Assigned:	02/05/2015	Date of Injury:	06/25/2014
Decision Date:	03/23/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/29/2015

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: Emergency 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 57 year old male patient, who sustained an industrial injury on 06/25/2014. An operative report dated 12/08/2014 reported the patient having undergone a right lumbar L5-S1 transforaminal epidural injection and an extradural myelogram under fluroscopy with intravenous sedation. The indication mentioned magnetic resonance imaging evidence of right lumbar radiculopathy and degenerative disc disease along with failed conservative therapies and other modalities treating pain. An orthopedic follow up visit dated 12/19/2014 reported a 30 % improved pain level after injection. Physical examination found the patient with mild right leg antalgic gait and able to toe-walk along with heel-walk. Forward flexion to the patella noted and extension is 50% of normal. He has pain with lumbar extension and rotation. He also has pain to palpation of right low back area. Reflex in in the knees/ankles are trace; sensation grossly intact. A short leg raise is positive on the right to 30 degrees. Two lumbar spine radiographs taken that visit revealed the anterior/posterior with 5 lumbar vertebrae. Pedicle shadows are intact and the sacroiliac joints/hips are partially visualized; unremarkable. Lateral views showed disc collapse with narrowing at L4-5 and L5-S1; there is rudimentary S1-2 disc. He is deemed temporarily partially disabled with the ability to perform modified work duties when available. The following diagnoses are applied; L4-5, L5-S1 disc disease with stenosis and right lumbosacral radiculopathy. A request was made on 01/06/2015 asking for authorization for a steroid injection to right shoulder under fluoroscopy and intravenous sedation. On 01/09/2015 Utilization Review non-certified the request, noting the ACOEM, Shoulder, CA MTUS, and the ODG, Shoulder,

Treatment, Steroid Injection were cited. On 01/29/2015, the injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,213.

Decision rationale: The requested Ultrasound guidance is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Steroid injections, Page 204 and 213, note "Conservative care, including cortisone injections, can be carried out for at least three to six months before considering shoulder (rotator cuff tear) surgery" and recommend this treatment for impingement syndrome if pain has not been adequately controlled by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen) after at least 3 months. The treating physician has documented mild right leg antalgic gait and able to toe-walk along with heel-walk. Forward flexion to the patella noted and extension is 50% of normal. He has pain with lumbar extension and rotation. He also has pain to palpation of right low back area. Reflex in in the knees/ankles are trace;sensation grossly intact. A short leg raise is positive on the right to 30 degrees. The treating physician did not document the following details: which shoulder(s) the requested injections were for; detailed description of failed physical therapy trials, detailed medical indication for this therapeutic intervention nor exam findings indicative of impingement syndrome. The criteria noted above not having been met, Ultrasound guidance is not medically necessary.