

<b>Case Number:</b>	CM15-0119365		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	06/27/2003
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, 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 51 year old male who sustained a work related injury June 27, 2003. He fell through a broken plywood cover on a hole, landing six feet below in a dirt pit. He had pain in his neck, upper and lower back, right shoulder, right hip and right leg. Past history included cervical spine surgery, removal of surgical hardware from the cervical spine, right shoulder arthroscopic surgery, asthma, hepatitis C, GERD (gastroesophageal reflux disease), and hypertension, and a fractured right ankle after a slip and fall. According to a primary treating physician's progress report, dated March 31, 2015, the injured worker presented with ongoing pain to his neck and right shoulder and right ankle and foot. He is in a cast boot. The ankle is swollen and disfigured with pain. He reports a change in appetite, heart burn and constipation. Physical examination revealed; 6' and 195 pounds, tenderness to palpation of the cervical spine, right upper extremity, trapezius spasm and tightness with painful compression and right Spurling's maneuver. Right shoulder range of motion is limited with forward flexion to 90 degrees, abduction to 80 degrees on the right shoulder with pain and weakness to the lateral deltoid and anterior biceps insertion. MRI of the cervical spine, dated March 17, 2015, concluded post- surgical changes with anterior fusion C5-C6, C6-C7 a 2 mm mid line disc protrusion resulting in flattening of the thecal sac with a mild degree of central canal narrowing, 2mm right foraminal disc osteophyte complex with abutment of the exiting right cervical nerve root and left sided hypertrophy with abutment of the exiting left cervical nerve root, C3-4 and C4-5 1 mm midline disc bulging. An MRI of the right shoulder, dated March 19, 2015, concluded there is tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear, mild

osteoarthritic changes of the glenohumeral joint and acromioclavicular joint. Diagnoses are status post anterior cervical fusion and hardware removal; right shoulder impingement syndrome, status post right shoulder arthroscopy and subacromial decompression January 7, 2008; lumbar spine discopathy; dysphagia. At issue, is the request for authorization for one right shoulder steroid injection and a pain management consultation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One right shoulder steroid injection:** Overturned

**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:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** Regarding the request for shoulder injection, Chronic Pain Medical Treatment Guidelines support the use of a subacromial injection if pain with elevation significantly limits activity following failure of conservative treatment for 2 or 3 weeks. They go on to recommend the total number of injections should be limited to 3 per episode, allowing for assessment of benefits between injections. Within the documentation available for review, the patient has pain, limited elevation, and failure of extensive conservative treatment. As such, the currently requested shoulder injection is medically necessary.

**Pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears that the purpose of the consultation is for consideration of epidural steroid injections, but the documentation does not current clinical and imaging/electrodiagnostic findings of radiculopathy to suggest the need for ESI. In the absence of such documentation, the currently requested consultation is not medically necessary.

