

Case Number:	CM15-0121027		
Date Assigned:	07/01/2015	Date of Injury:	11/20/2007
Decision Date:	07/30/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/23/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 65-year-old male, who sustained an industrial injury on November 20, 2007. Treatment to date has included TENS unit, physical therapy, medications, acupuncture, work restrictions and epidural steroid injection. Currently, the injured worker complains of diffuse neck pain, left shoulder pain, low back pain and right lower extremity pain. On physical examination, the evaluating physician noted that the appearance of the extremities was somewhat abnormal. Palpation of the region reveals prominent areas of tenderness in the region concordant with the injured worker's described area of pain. Deep palpation results in distal radiation of the pain. He has soft tissue dysfunction and spasm in the cervical paraspinal and upper extremity region and has evidence of cervical dystonia. He has painful contractions causing pain in the neck and thoracic spine. Coordination appears somewhat compromised and a Romberg test was abnormal. The diagnoses associated with the request include chronic pain syndrome, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis, cervicalgia, pain in shoulder joint and pain in joint of upper arm. The treatment plan includes left shoulder joint injection, MRI of the neck, and continuation of medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) left shoulder joint injections: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder injections.

Decision rationale: Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for posttraumatic 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. There is no recent documentation of failure of conservative therapies including medication and physical therapy. There is documentation of improvement of shoulder range of motion with current medications. Therefore, the request for 2 left shoulder joint injections is not medically necessary.

Magnetic resonance imaging (MRI) without contrast of the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve compromise in this case. Therefore, the request for an MRI of cervical spine is not medically necessary.