

Case Number:	CM15-0128570		
Date Assigned:	07/14/2015	Date of Injury:	03/15/2003
Decision Date:	08/13/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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 50-year-old female who sustained a cumulative industrial injury on 03/15/2003. The injured worker was diagnosed with cervical degenerative disc disease, C6-7 pseudoarthrosis, right shoulder adhesive capsulitis and calcifying tendinitis. The injured worker is status post right carpal tunnel release in March 2005, left carpal tunnel release in June 2005 and C5-6 and C6-7 anterior fusion in May 2008. Treatment to date has included diagnostic testing with recent cervical spine magnetic resonance imaging (MRI) on June 8, 2015, surgery, physical therapy, home exercise program, Ketorolac and lidocaine intramuscularly and medications. According to the primary treating physician's progress report on June 8, 2015, the injured worker continues to experience neck pain with numbness and tingling into the bilateral trapezius to the arms, elbows and into the hands. The injured worker rates her pain level at 7/10. Examination demonstrated no tenderness or spasm of the paracervical muscles, spinous processes, and base of the neck/skull, trapezius musculature, interscapular space and anterior cervical musculature. Sensory to pinprick and light touch were intact bilaterally. Deep tendon reflexes were within normal limits. Motor strength was decreased to 4/5 at elbow and wrist extension otherwise within normal limits. Current medications are listed as Norco 10/325mg, Tramadol 50mg and Prevacid. Treatment plan consists of continuing medication regimen and the current request for injection of Celestone and Marcaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection 4cc Celestone and 4cc Marcaine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Injection Section Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Injection Topic.

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. Official Disability Guidelines recommend performing shoulder injections guided by anatomical landmarks alone. Guidelines go on support the use of corticosteroid injections for adhesive capsulitis, impingement syndrome, or rotator cuff problems, which are not controlled adequately by conservative treatment after at least 3 months, when pain interferes with functional activities. Within the documentation available for review, the patient has diagnosis of impingement of the right shoulder without improvement despite taking medication for more than 3 months. As such, the currently requested shoulder injection is medically necessary and may be beneficial for the patient.