

<b>Case Number:</b>	CM15-0173254		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/04/2006
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60 year old male, who sustained an industrial injury on 1-4-06. The injured worker was diagnosed as having cervical spine pain; cervical spine radiculopathy; carpal tunnel syndrome bilateral hands-wrists; bilateral wrist pain; lumbar spine pain; lumbar spine radiculopathy; sciatica. Treatment to date has included medications. Diagnostics studies included EMG-NCV study bilateral upper extremities (5-27-15). Currently, the PR-2 notes dated 8-3-15 are documented by the provider noting the injured worker complains of constant, moderate pain in the bilateral shoulders and low back rated on the pain scale as 4 out of 10. The injured worker reports muscle spasms and tingling sensation in this left hand at night time. Moreover, he reports radiating pain from his low back to the posterior aspects of his thighs, left greater than right. The provider documents his objective findings of the bilateral shoulders as: "upon palpation, no tenderness is elicited in the bilateral shoulders. However, myospasms are noted in the left hand. Furthermore, the patient demonstrates limited range of motion." The provide goes on to document the lumbar spine examination as: "Palpation of the lumbosacral spine, tenderness elicited with associated myospasms. Furthermore, restricted range of motion is observed in the lumbar spine." The provider's treatment plan indicated the EMG-NCV study of the upper extremities and corticosteroid injections to the bilateral shoulders had been denied. He is again requesting the injections. He also refilled the injured workers prescriptions for Cyclobenzaprine to reduce the muscle spasms, Nabumetone and omeprazole and she will return in 4 weeks for a follow-up re-evaluation. A PR-2 notes dated 6-22-15 documents the impression of and EMG-NCV study. The EMG-NCV study dated 5-27-15 of the bilateral upper extremities impression

reveals: 1) There is evidence of a severe median motor-sensory nerve entrapment at the wrist on the left (carpal tunnel syndrome). The electrodiagnostic finding was based on prolongation of the median nerve distal latency and-or relative slowing of the median sensory nerve compared to the ulnar sensory nerve exceeding 0.4 ms (ring technique) and on palmar technique exceeding 0.4 ms. 2) There is evidence of a mild to moderate median sensory nerve entrapment at the wrist on the right (carpal tunnel syndrome). The electrodiagnostic finding was based on prolongation of the median nerve distal latency and-or relative slowing of the median sensory nerve compared to the ulnar sensory nerve exceeding 0.4 ms (ring technique) and on palmar technique exceeding 0.4 ms. 3) There is evidence of an acute bilateral C5, C6, and C7 cervical radiculopathy. Clinical correlation is recommended. This PR-2 notes dated 6-22-15 also notes that acupuncture was requested 2-12-15 for the upper extremities and authorization was denied. A Request for Authorization is dated 9-2-15. A Utilization Review letter is dated 8-10-15 and non-certification was for Corticosteroid injection bilateral shoulder. Utilization Review denied the bilateral shoulder injections stating "This claimant complains of bilateral shoulder pain despite medications. Furthermore, there is documentation of limited range of motion. However, there is no documentation of failed physical therapy and-or home exercises. Therefore, a Corticosteroid Injection Bilateral Shoulder is not medically necessary." The provider is requesting authorization of Corticosteroid injection bilateral shoulder.

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

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

**Corticosteroid injection bilateral shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Modification, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References. Decision based on Non-MTUS Citation (ODG) Shoulder.

**Decision rationale:** Regarding the request for Corticosteroid injection bilateral shoulder, 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. Guidelines state that a 2nd injection is not recommended if the 1st has resulted in complete resolution of symptoms, or if there has been no response. Guidelines also state that with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. Within the documentation available for review, there is no indication of pain with elevation that significantly limits activity following failure of conservative treatment for 2 or 3

weeks. Additionally, it does appear the patient had pain relief from the prior shoulder injection however there is no documentation of several weeks of temporary, partial resolution of symptoms, and then worsening pain and function or any specific examples of functional improvement and percent reduction in pain from the previous shoulder injection. As such, the currently requested Corticosteroid injection bilateral shoulder is not medically necessary.