

Case Number:	CM15-0062204		
Date Assigned:	04/08/2015	Date of Injury:	09/23/2014
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 58-year-old male sustained an industrial injury to the neck, back, left shoulder and bilateral upper extremities on 9/23/14. The diagnosis include myoligmentous cervicel sprain/strain; cervical spondylosis per imaging study; tendonitis and impingement, left shoulder; lateral epicondylitis left elbow; myoligmentous lumbar sprain/strain; lumbar spondylosis per plain film radiography ; Previous treatment included magnetic resonance imaging, x-rays, physical therapy and medications. In an office visit dated 2/24/15, the injured worker complained of ongoing pain to the cervical spine, left shoulder and back. Physical exam was remarkable for cervical spine tenderness to palpation with limited range of motion, left shoulder atrophy, acromial joint tenderness, limited left shoulder range of motion with weakness and positive Hawkin's and Neer's test. The treatment plan included magnetic resonance imaging cervical spine, diagnostic ultrasound and ultrasound guided left shoulder injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The injured worker sustained a work related injury on 9/23/14. The medical records provided indicate the diagnosis of myoligamentous cervical sprain/strain; cervical spondylosis per imaging study; tendonitis and impingement, left shoulder; lateral epicondylitis left elbow; myoligamentous lumbar sprain/strain; lumbar spondylosis per plain film radiography. Previous treatment included physical therapy and medications. The medical records provided for review do not indicate a medical necessity for MRI of the cervical spine. The records indicate the injured worker had a previous cervical MRI following this injury. There is no indication the injured worker has a progressive neurological disorder. The MTUS recommends against over reliance of imaging to avoid diagnostic confusion. The criteria for cervical imaging include: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure; when surgery is being considered for a specific anatomic defect; and to further evaluate the possibility of potentially serious pathology such as a tumor. Therefore there is no medical necessity for repeat cervical imaging in this injured worker with no progressive neurological deficit after the previous MRI and in whom there is no plan for surgery. This request is not medically necessary.

Ultrasound guided injection of the left shoulder with dexamethasone and marcaine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Steroid injections.

Decision rationale: The injured worker sustained a work related injury on 9/23/14. The medical records provided indicate the diagnosis of myoligamentous cervical sprain/strain; cervical spondylosis per imaging study; tendonitis and impingement, left shoulder; lateral epicondylitis left elbow; myoligamentous lumbar sprain/strain; lumbar spondylosis per plain film radiography. Previous treatment included physical therapy and medications. The medical records provided for review do not indicate a medical necessity for Ultrasound guided injection of the left shoulder with dexamethasone and marcaine. The MTUS does not recommend needle-guided injection of the shoulder. The Official Disability Guidelines states that available research does not suggest ultrasound guided injection has any advantage over the traditional anatomical landmark method. Therefore, this request is not medically necessary.