

Case Number:	CM15-0070372		
Date Assigned:	04/17/2015	Date of Injury:	04/22/2010
Decision Date:	06/29/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/13/2015

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

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 56 year old male, who sustained an industrial injury on April 22, 2010. The injured worker was diagnosed as having cervical disc disease/stenosis, cervical radiculopathy and right shoulder arthroscopy. Treatment and diagnostic studies to date have included medication, surgery and acupuncture. A progress note dated March 8, 2015 provides the injured worker complains of neck and right shoulder pain. He rates the pain 7/10 and intermittent. Physical exam notes guarding of cervical area and decreased grip strength on the right. The plan includes injection, medication, consult and magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-166. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents on 03/08/15 with right sided neck pain rated 7/10 which radiates into the posterior right shoulder. The patient's date of injury is 04/22/10. Patient is status post arthroscopic labral and undersurface right rotator cuff repair with subacromial decompression on 03/06/11. The request is for NEUROLOGIST CONSULT. The RFA is dated 03/09/15. Physical examination dated 03/08/15 reveals guarded cervical motions, slight weakness in the right tricep, decreased right hand grip strength - 80lbs on the right, 105lbs on the left. No other physical findings are included. The patient is currently prescribed Gabapentin. Diagnostic imaging was not included. Per 03/08/15 progress note, patient is advised to remain off work until 04/23/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004. ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In regard to the neurology consultation addressing this patient's intractable neck and right shoulder pain, the request is appropriate. Progress note dated 03/08/15 indicates that this is actually a neurosurgical consult. This patient presents with neck pain which radiates into the right shoulder, with associated loss of grip strength in the right hand and decreased tricep strength. Utilization review denied this request on grounds that it was not stated how such a consultation could improve this patient's course of care, however given this patient's persistent pain with a neurological component, the provider is justified in seeking a specialist opinion. Therefore, the request IS medically necessary.

MRI cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

Decision rationale: The patient presents on 03/08/15 with right sided neck pain rated 7/10 which radiates into the posterior right shoulder. The patient's date of injury is 04/22/10. Patient is status post arthroscopic labral and undersurface right rotator cuff repair with subacromial decompression on 03/06/11. The request is for MRI CERVICAL SPINE. The RFA is dated 03/09/15. Physical examination dated 03/08/15 reveals guarded cervical motions, slight weakness in the right tricep, decreased right hand grip strength - 80lbs on the right, 105lbs on the left. No other physical findings are included. The patient is currently prescribed Gabapentin. Diagnostic imaging was not included. Per 03/08/15 progress note, patient is advised to remain off work until 04/23/15. ACOEM Guidelines page 177 and 178 has the following criteria for ordering images, "Emergence of red flags, physiologic evidence of tissue insult, or neurological

dysfunction, failing to progress strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The ODG Guidelines under the low back and thoracic chapter has the following regarding MRIs, "Recommended for indications below. MRIs are test of choice for patients with prior back surgery, but not for uncomplicated low back pain with radiculopathy, not recommended until at least one month of conservative care, sooner if there is severe or progressive neurological deficit." In this case, the treater is requesting what appears to be this patient's first cervical MRI. Most recent progress note, dated 03/08/15 indicates that this patient presents with neck pain which radiates into the right shoulder/upper extremity, and decreased grip strength on the right side. This alone would not substantiate imaging, however, a neurological consultation dated 02/11/15 has the following: "he does have mild weakness of the right triceps and extensor digitorum communis and there is subtle depression of right sided reflexes. All of this seems to best fit the right C6 distribution." In addition, progress note dated 10/24/14 does include blunted sensation to the right side C7 nerve distribution. Given this patient's continuing cervical pain, documented unresolved neurological deficits, and a lack of imaging to date, a cervical MRI is substantiated. The request IS medically necessary.

MRI right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MRI.

Decision rationale: The patient presents on 03/08/15 with right sided neck pain rated 7/10 which radiates into the posterior right shoulder. The patient's date of injury is 04/22/10. Patient is status post arthroscopic labral and undersurface right rotator cuff repair with subacromial decompression on 03/06/11. The request is for MRI RIGHT SHOULDER. The RFA is dated 03/09/15. Physical examination dated 03/08/15 reveals guarded cervical motions, slight weakness in the right tricep, decreased right hand grip strength - 80lbs on the right, 105lbs on the left. No other physical findings are included. The patient is currently prescribed Gabapentin. Diagnostic imaging was not included. Per 03/08/15 progress note, patient is advised to remain off work until 04/23/15. ACOEM Guidelines has the following regarding shoulder MRI on pages 207-208, routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raise a suspicion of a serious shoulder condition or referred pain. ACOEM Guidelines page 207-208 continue to state that the primary criteria for ordering imaging studies include: 1.) emergence of red flags; 2.) physiologic evidence of tissue insult; 3.) failure to progress in strengthening program; and 4) clarification of anatomy prior to an invasive procedure. ODG Guidelines under shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. In this case, the request for MRI of the left shoulder has been regularly denied by UR since this patient returned to the office following a flare-up of symptoms on 10/24/14. The patient is status post left shoulder rotator cuff repair on 03/06/11 and

subsequently returned to work, however since experienced a relapse and increase of symptoms. Neurology consult dated 02/11/15 notes suspicion of recurrent impingement or new rotator cuff tear, noting instability and weakness in the joint and loss of post-surgical functional gains. Given this patient's surgical history and the emergence of new symptoms along with suspicion of a rotator cuff re-tear, an MRI of the left shoulder appears reasonable and could help identify the underlying pathology. The request IS medically necessary.

Anesthetic injection right shoulder: 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 Official disability guidelines Shoulder chapter, Steroid injections.

Decision rationale: The patient presents on 03/08/15 with right sided neck pain rated 7/10 which radiates into the posterior right shoulder. The patient's date of injury is 04/22/10. Patient is status post arthroscopic labral and undersurface right rotator cuff repair with subacromial decompression on 03/06/11. The request is for ANESTHETIC INJECTION RIGHT SHOULDER. The RFA is dated 03/09/15. Physical examination dated 03/08/15 reveals guarded cervical motions, slight weakness in the right tricep, decreased right hand grip strength, 80lbs on the right, 105lbs on the left. No other physical findings are included. The patient is currently prescribed Gabapentin. Diagnostic imaging was not included. Per 03/08/15 progress note, patient is advised to remain off work until 04/23/15. The progress notes and RFA are not clear on exactly which anesthetic injection is being requested, guidelines for corticosteroid injections were consulted. ODG Shoulder chapter, under Steroid injections has the following: "Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. One trial found mean improvements in disability scores at six weeks of 2.56 for physical therapy and 3.03 for injection, and at six months 5.97 for physical therapy and 4.55 for injection. (Hay, 2003) Variations in corticosteroid/anesthetic doses for injecting shoulder conditions among orthopaedic surgeons, rheumatologists, and primary-care sports medicine and physical medicine and rehabilitation physicians suggest a need for additional investigations aimed at establishing uniform injection guidelines. (Skedros, 2007) There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. Intra-articular injections are effective in reducing pain and increasing function among patients with adhesive capsulitis." In regard to the unspecified anesthetic injection to the right shoulder, the provider has failed to indicate the medication to be injected. There is no indication in the progress note, or on the RFA of the desired compound to be utilized, each stating only "anesthetic injection" which appears to be carried over from a neurology consult dated 02/11/15. This consult has the following: "Normally, I would recommend a cortisone injection to the right shoulder, but apparently this disturbs his blood sugars so drastically that he is not willing to consider such an injection... I would recommend, therefore, an anesthetic injection to localize the source of his pain." Without an explicit statement as to the anesthetic compound to be injected, the medical necessity of this request as written cannot be substantiated. The request IS NOT medically necessary.