

Case Number:	CM15-0077887		
Date Assigned:	06/03/2015	Date of Injury:	03/27/2003
Decision Date:	07/02/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/23/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 45-year-old female who sustained an industrial injury on 03/27/2003. Diagnoses include L4-5 and L5-S1 disc disease with stenosis and annular tears and left shoulder impingement. Treatment to date has included diagnostic studies, medications, and epidural steroid injections. A physician progress note dated 03/06/2015 documents the injured worker has complaints of severe left shoulder pain that has worsened over the last month. She reports that for the last three days she has not been able to lift her left arm. This has been stopping her from almost all activities and any use of her left arm. She is tearful and unable to move her left arm. Additional subacromial bursa injection was provided with this visit. The treatment plan includes the injection, a request for a Magnetic Resonance Imaging of the left shoulder, and medications: Elavil for neuropathic pain and for sleep disturbance, Gabapentin, and Norco for severe breakthrough pain. Treatment requested is for 1 Palliative subacromial left bursa injection, Lunesta 3mg, #30, and Magnetic Resonance Imaging of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI left shoulder is not medically necessary. MRI and arthropathy have similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are L4 - L5 and L5 - S1 disc disease with stenosis and annular tears; right lumbar radiculitis; left shoulder impingement; and chronic pain syndrome with fibromyalgia. The medical record contains 71 pages. There were no radiographs of the left shoulder in the medical record. According to a March 6, 2015 progress note, the injured worker had left shoulder pain that was worse for approximately one month. Objectively, the injured worker was unable to lift the arm. There were no objective medical findings of the left shoulder in the medical record. There is no documentation the injured worker received conservative treatment (i.e. physical 13). There is no neurologic evaluation in the medical record. There is no documentation of suspected instability or labral tear. The injury dates back to 2003 (proximally 12 years ago) and there is no evidence of acute shoulder trauma. Consequently, absent clinical documentation with conservative treatment (physical therapy), acute shoulder trauma in a 12-year-old injury and radiographs of the left shoulder, MRI left shoulder is not medically necessary.

1 Palliative subacromial left bursa injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic).

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

Decision rationale: Pursuant to the Official Disability Guidelines, one palliative subacromial left bursa injection is not medically necessary. Steroid injections to the shoulder are recommended according to the criteria in the Official Disability Guidelines. A diagnosis of adhesive capsulitis, impingement syndrome or rotator cuff problems, except for posttraumatic impingement of the shoulder; not controlled adequately by recommended conservative treatments (PT, nonsteroidal anti-inflammatory's), after at least three months; pain interferes with functional activities; generally performed without fluoroscopy or ultrasound guidance; only one injection to start, rather than a series of three; a second injection is not recommended if the first resulted in complete resolution of symptoms or no response; and the number of injections

should be limited to three. In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance does not improve the efficacy of the steroid injection. In this case, the injured worker's working diagnoses are L4 - L5 and L5 - S1 disc disease with stenosis and annular tears; right lumbar radiculitis; left shoulder impingement; and chronic pain syndrome with fibromyalgia. The medical record contains 71 pages. Utilization review states the injured worker received #5 previous subacromial bursa injections. The documentation from the July 23, 2014 progress note states the treating provider requested a subacromial shoulder steroid injection. The subsequent documentation does not show the injection was administered. A shoulder injection was again requested and performed on March 6, 2015 (without prior authorization). There is no documentation of objective functional improvement with prior injections. Additionally, the number of cortisone injections is limited to three. The guidelines limit the number of injections to #3. Consequently, absent compelling clinical documentation with evidence of objective functional improvement from prior injections and guideline recommendations limiting injections to #3, one palliative subacromial left bursa injection is not medically necessary.

Lunesta 3mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 3 mg #30 with no refills is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's working diagnoses are L4 - L5 and L5 - S1 disc disease with stenosis and annular tears; right lumbar radiculitis; left shoulder impingement; and chronic pain syndrome with fibromyalgia. The medical record contains 71 pages. Documentation from a July 23, 2014 progress note shows the treating provider prescribed Lunesta 3 mg for sleep difficulties. Subsequent documentation does not demonstrate objective functional improvement (improved sleep quality) with continued use. A progress note dated March 6, 2015 (request for authorization dated March 24, 2015) shows the injured worker is still taking Lunesta 3 mg. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. The treating provider prescribed Lunesta in excess of eight months without compelling clinical facts or objective functional improvement to support its use. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support Lunesta's continued use with compelling clinical facts to support its use, Eszopicolone (Lunesta) 3 mg #30 with no refills is not medically necessary.