

<b>Case Number:</b>	CM14-0149055		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for neck and shoulder pain reportedly associated with an industrial injury of December 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; eight sessions of physical therapy, per the claims administrator; and extensive periods of time off of work. In a Utilization Review Report dated August 14, 2014, the claims administrator denied a request for an ultrasound-guided corticosteroid injection to the left shoulder scapular area, denied x-rays of the left shoulder with tilt views, and denied cervical facet injections. In a December 4, 2013 progress note, the applicant reported issues with neck, shoulder, arm, and mid back pain. The applicant was using Motrin, Norco, Methadone, and Pamelor at this point in time. Authorization was sought for a left shoulder MRI, diagnostic cervical facet block, Pamelor, and a left subacromial corticosteroid injection. It appeared that the subacromial corticosteroid injection was performed in the clinic on this occasion. The applicant was placed off of work, on total temporary disability, on this date. On March 28, 2014, the applicant reported persistent complaints of neck and bilateral periscapular pain, 8 to 8-1/2 over 10. The applicant was using Nucynta, Norco, and methadone, it was stated. The applicant was placed off of work, on total temporary disability. The applicant apparently refused to undergo urine drug testing in the clinic setting, it was stated. MRI imaging of the shoulder on July 3, 2014 was notable for an intact labrum, mild bursitis, and mild tendonitis/tendinosis, including calcific tendinosis, without evidence of a discrete full-thickness rotator cuff tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound -guided injection to left shoulder acapular area:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Shoulder Chapter; Criteria for Steroid Injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** The request does represent a repeat shoulder corticosteroid injection as the applicant has had at one previous injection in December 2013. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, prolonged or frequent use of cortisone injections into the subacromial space or the shoulder joint is "not recommended." While ACOEM Chapter 9, Table 9-6, page 213 establishes a limited role for subacromial corticosteroid injections over an extended period of time as part of exercise rehabilitation program to treat rotator cuff inflammation, as is present here. In this case, however, the applicant is off of work, on total temporary disability. There is no evidence that the applicant is intent on using the shoulder corticosteroid injections as part of an exercise rehabilitation program in an effort to improve his functional state. Therefore, request is not medically necessary

**X-rays of left shoulder tilt views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Shoulder Chapter; regarding Conventional anatomical guidance

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, routine radiographs for shoulder complaints are considered "not recommended." In this case, the applicant has had shoulder MRI imaging on July 3, 2014, which was essentially negative and failed to uncover any evidence of a discrete rotator cuff or labral tear which might be amenable to surgical correction. No clear rationale for the proposed shoulder x-rays was proffered by the attending provider. It did appear that these x-rays were being sought for routine-use/evaluative purposes. No rationale for pursuit of the same in the face of the unfavorable ACOEM position on routine radiography was furnished by the attending provider. Therefore, the request is not medically necessary.

**Cervical facet injections bilateral 2/3 and 3/4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Neck and Upper Back Chapter; Criteria for diagnostic blocks for facet nerve pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, facet injections, as are being proposed here, are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity as the attending provider has given the applicant various diagnoses, including close fracture of the cervical vertebra, cervical spinal stenosis, thoracic spine pain, shoulder pain, rotator cuff impingement syndrome, cervical radiculitis, etc. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Accordingly, the request is not medically necessary.