

<b>Case Number:</b>	CM13-0067855		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a 39-year-old female who sustained a remote industrial injury on 07/30/13 diagnosed with lumbar strain/sprain, left ankle pain, osteoarthritis of the left hip, left-sided trochanteric bursitis, and chronic pain. Mechanism of injury occurred when the patient was about to go downstairs while on the job but lost control and fell down on the floor, injuring her right foot, left shoulder, low back, and left hip. The request for pain management consultation for the left hip was non-certified at utilization review due to the lack of a discussion with [REDACTED] concerning why this physician cannot perform a trochanteric injection himself or why an orthopedic doctor is not being consulted for the diagnosis of greater trochanteric bursitis. The most recent progress note provided is 05/12/14. Patient complains primarily of low back pain that radiates down the left lower extremity to the hip and foot. The pain is rated as a 3/10 with medications and 7/10 without medications. Physical exam findings reveal tenderness to palpation over the lumbar paravertebral area, buttock area, sacroiliac joint area, and piriformis notch; decreased range of motion of the lumbar spine; tenderness in the left posterior shoulder; decreased range of motion of the left shoulder; decreased grip strength; and tenderness in the left hip and trochanteric bursa. Current medications include: Naproxen, Ibuprofen, and unspecified pain medications provided but the primary treating physician. The final pages of this progress report are not included so the most recent treatment plan cannot be discerned. The most recent progress note to address the current request is dated 03/10/14 and a rationale behind a pain management consultation is not provided. This treatment plan also includes an orthopaedic consultation for the lumbar spine, left hip, right ankle, and left shoulder. The earliest progress note provided, dated 10/21/13, highlights a request for a pain management consultation for possible injections in the lumbar spine, left hip, and left foot. Provided documents include several previous progress reports, requests for authorizations, urine drug screenings, an Anatomical Impairment Measurements

report, a Psychological Assessment Review, and a previous Utilization Review that non-certifies a compound medication. The patient's previous treatments include medications, ankle brace, hot/cold pack, muscle rub, acupuncture, shockwave therapy, left trochanteric steroid injection, trigger point injections, chiropractic treatment, and physical therapy. Imaging studies provided include an MRI of the left shoulder, performed on 12/21/13. The impression of this MRI reveals motion artifacts limiting the interpretation; infraspinatus tendinosis; minimal subacromial; and subscapularis bursitis. MRI's of the lumbar spine and left hip, performed on 10/16/13, are also included for review and reveal unremarkable findings. An MRI of the right ankle, performed on 10/16/13, reveals tenosynovitis of the flexor hallucis longus tendon; small effusion at the talofibular, tibiotalar, and subtalar joints; small cyst/erosion in the calcaneus and talus.

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

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

#### **PAIN MANAGMENT CONSULTATION FOR LEFT HIP: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Page(s): 1.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 117.

**Decision rationale:** Request for specialist consultation is compared to ACOEM criteria, which states, 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. In this case, the patient does have subjective symptoms and physical exam findings concerning the left hip that may warrant additional expertise. However, the treating physician does not provide a rationale behind the necessity for a pain management consultation other than stating that possible injections may be necessary. This rationale is not supplemented by any reasoning for the why the physician cannot perform these injections. Further, a recent request for an Orthopaedic consultation for the left hip appears in more recent progress notes. There is also no rationale for why both a pain management and Orthopaedic consultation concerning the left hip are necessary. Due to this lack of thoroughly explaining a rationale behind this request, medical necessity cannot be supported. Therefore the request for Pain Managment Consultation for left hip is not medically necessary.