

<b>Case Number:</b>	CM14-0038361		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/01/2006
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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:

Patient is a 66-year-old male who has submitted a claim for cervical sprain/strain, cervical disc disease, bilateral shoulder tendinitis, impingement and possible rotator cuff tear, lumbar sprain/strain, lumbar disc disease, and stomach irritation associated with an industrial injury date of 05/01/2006. Medical records from 2014 were reviewed. The patient complained of constant bilateral knee pain, aggravated by prolonged sitting, standing, walking, or climbing. Patient likewise complained of pain at bilateral shoulder, and low back area radiating to the left leg. Physical examination showed tenderness and limited range of motion of both shoulders. Muscle spasms were evident at the lumbar spine. Tenderness and crepitation were noted at both knees. Quadriceps muscle was weak. Atrophy was not present. The patient ambulated using a cane. Treatment to date has included right and left knee surgery, Synvisc injection, physical therapy, and medications. Utilization review from 03/14/2014 denied the request for MRI of the lumbar spine because there was limited evidence of neurologic deficits to warrant such imaging; denied surgical consultation because there was still pending result of the authorized Synvisc injection for the bilateral knees; denied pain management consultation because of unclear documentation why another specialist was needed; and denied trigger point injection because there was no evidence of circumscribed trigger points with a twitch response.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back Procedure Summary last updated 02/13/2014.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient complained of low back pain radiating to the left leg. Physical examination showed weak quadriceps. The patient ambulated using a cane. However, there is no comprehensive examination available that would objectively show presence of radiculopathy, such as reflex testing, sensory exam, and provocative tests. The medical necessity cannot be established due to insufficient information. Therefore, the request for MRI of the lumbar spine is not medically necessary.

**One (1) Surgical Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 01/07/2014.

**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), Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient is being referred to surgery for possible shoulder operation, as well as total knee replacement. However, it is unclear why a second opinion is necessary at this time when an orthopedic surgeon is already monitoring the patient. The medical necessity cannot be established due to insufficient information. Therefore, the request for one surgical consultation is not medically necessary.

**One (1) Pain Management Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 01/07/2014.

**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), Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient is being referred to a pain management specialist for possible trigger point injections. However, the simultaneous request for trigger point injections has been deemed not medically necessary. There is no clear indication for this request at this time. Therefore, the request for one Pain Management Consultation is not medically necessary.

**Trigger Point Injection Bilateral Shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that trigger point injections are recommended for myofascial pain syndrome only. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; failure of medical management therapies to control pain such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants; not more than 3-4 injections per session; and no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. In this case, there were no previous trigger point injections done for the bilateral shoulders. Patient complained of pain at bilateral shoulder corroborated by physical examination findings of tenderness and limited range of motion. However, there was no evidence of a twitch response upon palpation and referred pain was not noted for both shoulders. The guideline criteria were not met. Therefore, the request for Trigger Point Injection Bilateral Shoulders is not medically necessary.