

Case Number:	CM14-0061381		
Date Assigned:	07/09/2014	Date of Injury:	01/15/2008
Decision Date:	09/08/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 58-year-old patient with a 1/15/08 date of injury. The mechanism of injury was not noted. According to a 5/20/14 progress note, the patient is status post left total knee revision. The patient complained of ongoing cervical occipital headaches, left upper back and neck pain, with radiation down the arm and into the fingers. She continued to have left shoulder pain and significant weakness of the left upper extremity. She continued to have low back pain with radiation down the left buttock, sciatic, down the left lower extremity, with weakness down into the foot. She continued to have left hip and groin pain increasing with minimal weightbearing and between the left lower extremity weakness. She continued to have left knee pain and has been losing extension and is discouraged. The patient is developing aching pain, numbness, and tingling in her left hand and wrist at night. She described her current pain as 7/10. Objective findings: discomfort about the upper back and neck, increasing with left cervical rotation, with pain into the left upper back, neck, shoulder and tingling down the finger; Tinel's at the cubital tunnel; tenderness low back, left buttock, and increasing left groin pain with sitting; hip internal, external rotation with hip flexed, 90 degrees sitting; left sitting straight leg raise is grossly positive with withdrawal and radiation down to the leg; slight swelling about the left lower extremity. Diagnostic impression, left shoulder sprain with tendinitis status post arthroscopy, cervical sprain with left neck pain, lumbar sprain, left hip sprain, sacroiliac sprain, left knee sprain, status post knee replacement, left heel plantar fasciitis from antalgic gait, reactive anxiety and depression secondary to chronic pain, left lower extremity swelling rule out post op DVT. Treatment to date includes medication management, activity modification, physical therapy, shoulder surgery, hip scope, and ESI. A UR decision dated 5/2/14, denied the requests for follow-up evaluation with a neurologist, consultation with a pain management specialist, MRI of the cervical spine, and MRI of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up Evaluation with Neurologist (Cervical, Left Lumbar, Left knee, Anxiety):

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), Pain Procedure Summary Last Updated 04/10/2014.

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

Decision rationale: The Official Disability Guidelines (ODG) states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. According to the UR decision dated 5/2/14, the patient was certified for a neurology consultation in 7/2013. However, the report from that consultation was not provided for review to determine if a follow-up consultation is necessary. Therefore, the request for Follow-up Evaluation with Neurologist (Cervical, Left Lumbar, Left knee, Anxiety) is not medically necessary.

Consultation with a Pain Management Specialist (Cervical, Left Lumbar, Left Knee, Anxiety): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary Last Updated 04/10/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Clinical Topics. Decision based on Non-MTUS Citation X American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6-Independent Medical Examinations and Consultations (page(s) 127, 156) Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The MTUS states that consultations are recommended, and a 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, it is documented that the physician is requesting a consultation with a pain management specialist with the goal of reducing opioid medications. Consultations are supported by guidelines as the primary treating provider feels is necessary. Therefore, the

request for Consultation with a Pain Management Specialist (Cervical, Left Lumbar, Left Knee, Anxiety) is medically necessary.

MRI of the Cervical Spine with 1.5 Tesla: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary Last Updated 04/14/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180, Chronic Pain Treatment Guidelines 9792.23.1 Neck and Upper Back Complaints.

Decision rationale: The MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, there were no radiographs provided in the records provided for review. In addition, there was no documentation of any significant progression of neurological symptoms in the cervical spine. Therefore, the request for MRI of the Cervical Spine with 1.5 Tesla is not medically necessary.

MRI of the Left Hip with 1.5 Tesla: 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), Hip & Pelvis Procedure Summary Last Updated 03/25/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter.

Decision rationale: The Official Disability Guidelines (ODG) hip chapter states "MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. This imaging is highly sensitive and specific for hip fracture. Even if fracture is not revealed, other pathology responsible for the patient's symptoms may be detected, which will direct treatment plans. Indications for imaging - Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors. Exceptions for MRI: Suspected osteoid osteoma; Labral tears." In this case, the provider is requesting MRI of the left hip to evaluate for posttraumatic arthritis. However, there were no radiographs provided in the records provided for review. In addition, there is also limited evidence of significant clinical findings on examination which attest for significant progression

of arthritis in the hip to support the need for imaging at this time. Therefore, the request for MRI of the Left Hip with 1.5 Tesla is not medically necessary.