

<b>Case Number:</b>	CM14-0078277		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/11/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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:

This is a 36 year old female with a 2/11/12 date of injury. She slipped and fell while kneeling on her right knee while trying to mop a restroom floor. She experienced immediate pain in the groin and low back. She was eventually placed on modified duty, however, her employer apparently did not honor the restrictions and she stopped working. Based upon a 4/4/14 report, the patient has multiple complaints in her neck, right shoulder/arm, lower back, and right hip. Her neck pain is described as burning and causes anxiety attacks where "she wants to run." The pain radiates to her shoulders and right arm. It is 10/10 in severity on a daily basis. The pain in her shoulder is 10/10 and burning in nature. It radiates to the right hand and fingers and is accompanied by numbness and tingling. Her low back pain is described as intolerable with a 10/10 severity. It is accompanied by prickling and cramping sensations. Her right hip pain is 10/10 in severity and often causes her to limp. Examination of the neck reveals slightly limited range of motion but with muscle guarding during extension, right rotation, and right lateral bending. Sensation is intact and motor strength is 5/5 throughout the upper extremities. Reflexes are normal throughout. Tinel's sign at the wrist, median nerve, and Phalen's sign are positive on the right side. Right shoulder range of motion is limited compared to the left side, with forward flexion to 120 degrees, abduction to 90 degrees, external rotation to 70 degrees, and internal rotation to 60 degrees. Neer and Hawkins signs are positive. Lumbar range of motion is limited with muscle guarding. SLR is positive on the left for low back pain but without radiation. SLR is less positive on the right for low back pain and also without radiation to the extremity. Sensation, motor, and reflex exams are within normal limits in the lower extremities. Examination of the right hip is unremarkable. The gait demonstrates no limp or ataxia. MRI right shoulder on 4/9/13 showed an anterior-inferior labral tear with flap in the joint space. MRI right shoulder on 7/29/13 showed mild cuff tendinosis. MRI lumbar spine on 1/28/13 showed

grade I L5-S1 spondylolisthesis with a 2-3 mm disc protrusion with an annular tear. MRI lumbar spine on 4/9/13 showed an L5-S1 5 mm disc protrusion. MRI lumbar spine on 7/29/13 showed an L5-S1 3-4 mm disc protrusion. MRI right hip on 5/8/12 was unremarkable. Diagnostic impression: lumbar disc syndrome L5-S1, cervical strain with right C6 radiculitis, right shoulder impingement syndrome. Treatment to date includes physical therapy (2 sessions), medication management. A prior UR decision dated 5/23/14 denied several previous requests on the basis that they were not medically necessary.

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

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

#### **Methylprednisolone 4 mg #21: 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): Oral corticosteroids.

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

**Decision rationale:** CA MTUS does not address this issue. ODG states that oral/parenteral/IM corticosteroids are recommended for acute radicular pain, not for acute non-radicular pain or chronic pain. Criteria for oral/parenteral steroids for low back pain: Patients should have clear-cut signs and symptoms of radiculopathy; Risks of steroids should be discussed with the patient and documented in the record; The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; Current research indicates early treatment is most successful; Treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. In the present case, the patient is not in the acute phase of her injury and there is no clear evidence of radiculopathy. Therefore, the request for Methylprednisolone 4 mg #21 is not medically necessary.

#### **MRI of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there were no unequivocal objective findings that identify

specific nerve compromise on the neurologic examination. In the present case, the patient has had three previous lumbar MRI studies, all within about one year of each other. The results of these studies do not differ significantly from each other. There have been no new signs or symptoms on clinical exam that would suggest new pathology. Therefore, the request for MRI of the lumbar spine is not medically necessary.

**Depo with Lidocaine Injection with Ultrasound, Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder - "The Cochrane Systemic Review...".

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

**Decision rationale:** CA MTUS does not address this issue. ODG states that for rotator cuff disease, corticosteroid injections may be superior to physical therapy interventions for short-term results, and a maximum of three are recommended. If pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. In the present case, the patient does have clinical and MRI evidence of rotator cuff impingement. She may benefit from a subacromial space corticosteroid injection. However, it is not specified in the request whether the injection is to be given in the subacromial space or intra-articular space. This is important since the patient also has intra-articular pathology in the form of a torn labrum, which may be the cause of some of her symptoms, especially the limitation in her range of motion. In addition, the ODG Shoulder chapter notes that there is no evidence that ultrasound guided injection of the shoulder has any added benefit over landmark-guided injection. Therefore, the request for Depo with Lidocaine Injection with Ultrasound, Right Shoulder is not medically necessary.

**EMG Right Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter.

**Decision rationale:** CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In the present case, there is no documentation that the patient has had any significant conservative treatment with respect to her neck and right upper extremity. The clinical findings are nonspecific for any type of radiculopathy and point more towards carpal tunnel syndrome. Therefore, a trial of nighttime splinting and a wrist

cortisone injection would seem more appropriate. Then, if there is no response, a confirmatory EMG/NCV study in anticipation of carpal tunnel release would be appropriate. Therefore, the request for EMG right upper extremity is not medically necessary.

**MRI Cervical Spine:**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 204,206.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter.

**Decision rationale:** CA 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 the present case, there is no documentation that the patient has participated in any significant trial of conservative therapy (physical therapy, NSAIDs) for her neck pain. In addition, the clinical evidence is nonspecific for radiculopathy and instead points more towards carpal tunnel syndrome. A trial of conservative therapy is recommended prior to obtaining additional imaging studies. Therefore, the request for MRI cervical spine is not medically necessary.