

<b>Case Number:</b>	CM14-0188982		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	04/13/2013
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 63 year-old female who has a history of a work injury occurring on 04/13/13 when, while walking in an office, she caught her shoe on the carpeting and twisted and fell landing on her knees and right upper extremity. She developed neck and back pain, knee pain, and eventually overall body pain. Treatments included medications, chiropractic care, acupuncture, and physical therapy. She was returned to restricted work in July 2013 but stopped working in December 2013. An MRI of the lumbar spine on 10/14/13 showed findings of multilevel disc bulging and facet hypertrophy. There were multiple areas of canal and foraminal narrowing. She was seen for a pain management evaluation on 06/23/14. She was having nonradiating low back pain and difficulty sleeping. Pain was rated at 6-8/10. Physical examination findings included a height of 5 feet, 4 inches and weight 216 pounds which corresponds to a BMI of 37.1 There was lumbar spine tenderness and spasm with decreased and painful range of motion. There was decreased right lower extremity strength and sensation with positive straight leg raising. Authorization for a lumbar epidural steroid injection was requested. She was seen on 07/09/14. She was having low back pain radiating into the left lower extremity, right shoulder, wrist, and hand pain, neck pain, left hip pain, and difficulty sleeping. Physical examination findings included multiple areas of tenderness. There were multiple trigger points. There was a positive right Spurling test. There was decreased right shoulder and decreased multilevel spinal range of motion. Straight leg raising on the left was positive. She was noted to ambulate with a limp. There was decreased right upper and left lower extremity sensation. Imaging results were reviewed. Authorization for a surgical evaluation and a sleep evaluation were requested. She was to continue performing a home exercise program. Motrin 800 mg and Prilosec was prescribed. She was seen on 07/28/14. She was having neck, lumbar spine, right

shoulder, right wrist, right hip, and bilateral knee pain. Her past medical history was positive for borderline diabetes. Medications were Motrin and Ranitidine. Physical examination findings included right trapezius and bilateral cervical paraspinal muscle tenderness. Shoulder depression testing on the right produced cervical and trapezius pain. There was decreased cervical spine range of motion. She had decreased right upper extremity strength and sensation. There was positive shoulder impingement testing. She had lumbar spine paraspinal muscle tenderness with increased muscle tone. Straight leg raising was positive on the right side. She had decreased lumbar spine range of motion. Patrick testing was positive bilaterally. She had decreased lower extremity strength and sensation. On 08/08/14 the claimant underwent a lumbar epidural steroid injection. EMG/NCS testing on 08/13/14 was normal. She was seen by the requesting provider on 10/03/14. She was having ongoing right shoulder pain with weakness. She had worsening low back and left lower extremity pain. Physical examination findings included right shoulder weakness with decreased range of motion. There was shoulder crepitus and positive impingement testing. Authorization for further evaluation was requested. Motrin 800 mg #120 was prescribed.

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

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

**Orthopedic Surgical Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examinations and Consultations, 2nd Edition (2004), Chapter 7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic widespread pain. Treatments have included medications, chiropractic care, acupuncture, and physical therapy. An MRI scan of the lumbar spine does not appear to explain her symptoms and there has been no improvement after a lumbar epidural steroid injection. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing radicular symptoms despite extensive conservative treatments. Therefore, this request is medically necessary.

**Lumbar Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic widespread pain. Treatments have included medications, chiropractic care, acupuncture, and physical therapy. She underwent a lumbar epidural steroid injection in August 2014. The claimant has previously had an epidural steroid injection and consideration of a repeat epidural steroid injection would be based on objective documented pain and functional improvement. In this case the response to a prior epidural steroid injection was not provided and when seen by the requesting provider had worsening low back and left lower extremity pain. Therefore, the requested lumbar epidural steroid injection is not medically necessary.

**Prilosec 20mg one tablet orally once per day #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, PPIs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic widespread pain. Treatments have included medications, chiropractic care, acupuncture, and physical therapy. When seen by the requesting provider, Motrin 800 mg #120 was prescribed. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain. Dosing of ibuprofen should not exceed 3200 mg/day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. She is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. She is taking a non-steroidal antiinflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal antiinflammatory medication therapy and the claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario, guidelines do not recommend that a proton pump inhibitor such as Prilosec be prescribed. The request is not medically necessary.

**Sleep Consultation:** 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 Chapter, Polysomnography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic widespread pain. Treatments have included medications, chiropractic care, acupuncture, and physical therapy. She has difficulty sleeping and is obese with a BMI of over 35. Guidelines recommend consideration of a consultation if clarification of

the situation is necessary. In this case, the claimant has difficulty sleeping which may be contributing to her chronic pain. She is obese and may have obstructive sleep apnea. Therefore the requested sleep medicine consultation is medically necessary.