

<b>Case Number:</b>	CM14-0193262		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Family Medicine and is licensed to practice in Colorado. 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:

46 year old male with date of injury 11/1/2012 continues care with the treating physician. Patient fell 50 feet and sustained multiple injuries on the job, and continues with multiple concerns. Current diagnoses include chronic low back pain radiating to right buttock and right leg, and fluid collection over gluteus maximus / sacrum. He is maintained on multiple medications, some of which have been recommended for weaning. He has participated in Aquatic therapy and undergone epidural steroid injections without relief of low back pain. He has also had aspiration of the fluid collection around the sacrum 7/25/2014 without relief of low back pain or radicular symptoms. He has also had anterior cervical fusion and discectomy for chronic neck pain and right arm pain. His neck and arm symptoms virtually resolved after surgery. Patient still complains of daily headaches, and intermittently blurry vision. The records supplied for review do not indicate any specific evaluation or treatment for headaches. The treating physicians request Neurology consult for headache evaluation and Ultrasound or CT guided aspiration of sacral cyst.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurologist Consult:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 803-804,859-860. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapters 6 page 163

**Decision rationale:** The MTUS Guidelines do not specifically address indications for consultation, so the ACOEM Guidelines were consulted. Per the ACOEM Guidelines, consultation is recommended when the patient's chronic pain condition is related to patient's poor function and no cause is clearly evident. Consultation with a specialist can be used then to confirm diagnosis and/or devise treatment regimen, particularly if diagnosis is uncertain or complex, or if psychosocial factors confound. Consultants can also assist in assigning loss, assessing medical stability and determining fitness to return to work. The specialist may offer just advice / input or take over patient care for a given condition. The choice of specialist to consult will depend on the patient needs. (Medical, Physical, Psychological) For the patient of concern, the records indicate he has multiple issues including possible traumatic brain injury, depression, and PTSD as well as chronic daily headaches. He has complex factors that could contribute to headaches and complicate his psychological status as well as his overall pain picture. Neurological consultation would be recommended in this patient's condition to determine true cause(s) of headache and treat as appropriate which would improve his overall status. Per the ACOEM Guidelines, Neurology consult is medically indicated.

**Ultrasound/CT guided aspiration of sacrum cyst:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [http://www.ninds.nih.gov/disorders/tarlov\\_cysts/tarlov\\_cysts.htm](http://www.ninds.nih.gov/disorders/tarlov_cysts/tarlov_cysts.htm)

**Decision rationale:** The MTUS and ACOEM Guidelines do not address sacral cyst management, so other source consulted. Per the National Institute of Neurological Disorders and Stroke, a cyst around the sacral nerve roots is also known as Tarlov cyst, comprised of cerebrospinal fluid. While these cysts can cause multiple symptoms including radicular pain, urinary incontinence, headaches, constipation and sexual dysfunction (many of which patient has), the majority of Tarlov cysts are asymptomatic. Aspiration with or without steroid injection into the cyst can help alleviate pain, but only temporarily as cyst will recur. Cysts can be resected completely by Neurosurgery if deemed to be the cause of persistent nerve compression / other symptoms. Per the records supplied for the patient of concern, it is unclear if patient's fluid collection around the sacrum is in fact a sacral cyst comprised of cerebrospinal fluid. The fluid analysis from previous cyst aspiration, provided with the records for review, does not specify that the fluid itself is cerebrospinal fluid. The Neurosurgeon following the patient indicates his symptoms are not related to the fluid collection. The notes indicate that patient did not achieve any relief from previous aspiration of the cyst despite the fact that the cyst is in fact now smaller than previous, based on updated imaging. Given lack of improvement with previous aspiration

and Neurosurgery assessment that this fluid collection is unrelated to his current complaints, no invasive procedure is required. The Ultrasound / CT guided sacral cyst aspiration is not medically indicated.