

<b>Case Number:</b>	CM14-0209804		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	01/08/2001
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Maryland, District of Columbia  
 Certification(s)/Specialty: Internal Medicine

### 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 employee was a 58 year old female who sustained an industrial injury on 01/08/2001. The progress note from 10/14/14 was reviewed. Subjective complaints included pain in neck and lower back. Her pain was 9/10. She continued to have radiation of pain from the neck into the arms and from the low back into the legs. She was also complaining of psyche issues, worsening depression and complete body aches. She was diagnosed with fibromyalgia. Objective findings included decreased range of motion of cervical spine, positive cervical compression test bilaterally with radiation to the right upper extremity. There was positive Spurling's test on the right. She had decreased sensation over the right anterolateral forearm over the posterior right and left thigh and over the anterior right leg. Examination of the lumbar spine revealed decreased range of motion with flexion, extension and right lateral flexion. There was positive straight leg raise on the right with radiation to the right anterolateral lower leg and positive on the left with radiation to the posterior thigh. Diagnoses included multilevel cervical stenosis and neural foraminal narrowing with bilateral upper extremity radicular pain, chronic lumbar strain and disc herniation and headaches and psychiatric complaints. The plan of care included MRI cervical and lumbar spine for ongoing debilitating pain, decreased functionality of the cervical and lumbar spine. The plan also included internist consultation for ongoing GI issues and home health care four days a week, four hours a day to help with her ADLs as she is unable to do them. Other medical problems included fibromyalgia, depression, irritable bowel, constipation, GERD, hypothyroidism and hyperlipidemia.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Internist Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** The employee was a 58 year old female who sustained an industrial injury on 01/08/2001. The progress note from 10/14/14 was reviewed. Subjective complaints included pain in neck and lower back. Her pain was 9/10. She continued to have radiation of pain from the neck into the arms and from the low back into the legs. She was also complaining of psyche issues, worsening depression and complete body aches. She was diagnosed with fibromyalgia. Objective findings included decreased range of motion of cervical spine, positive cervical compression test bilaterally with radiation to the right upper extremity. There was positive Spurling's test on the right. She had decreased sensation over the right anterolateral forearm over the posterior right and left thigh and over the anterior right leg. Examination of the lumbar spine revealed decreased range of motion with flexion, extension and right lateral flexion. There was positive straight leg raise on the right with radiation to the right anterolateral lower leg and positive on the left with radiation to the posterior thigh. Diagnoses included multilevel cervical stenosis and neural foraminal narrowing with bilateral upper extremity radicular pain, chronic lumbar strain and disc herniation and headaches and psychiatric complaints. The plan of care included MRI cervical and lumbar spine for ongoing debilitating pain, decreased functionality of the cervical and lumbar spine. The plan also included internist consultation for ongoing GI issues and home health care four days a week, four hours a day to help with her ADLs as she is unable to do them. Other medical problems included fibromyalgia, depression, irritable bowel, constipation, GERD, hypothyroidism and hyperlipidemia. MTUS Chronic Pain Medical Treatment guidelines indicate that a persistent complaint should lead a primary treating provider to reconsider the diagnosis and decide whether a specialist consultatoin is necessary. In this case, the employee had multiple ongoing symptoms. She had ongoing GI symptoms and had fibromyalgia. Hence the request for followup with Internist is necessary and appropriate.

**Home Health Care 4 hours a day for 1 month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Home Home Services, Section; 50.2

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** The employee was a 58 year old female who sustained an industrial injury on 01/08/2001. The progress note from 10/14/14 was reviewed. Subjective complaints included

pain in neck and lower back. Her pain was 9/10. She continued to have radiation of pain from the neck into the arms and from the low back into the legs. She was also complaining of psyche issues, worsening depression and complete body aches. She was diagnosed with fibromyalgia. Objective findings included decreased range of motion of cervical spine, positive cervical compression test bilaterally with radiation to the right upper extremity. There was positive Spurling's test on the right. She had decreased sensation over the right anterolateral forearm over the posterior right and left thigh and over the anterior right leg. Examination of the lumbar spine revealed decreased range of motion with flexion, extension and right lateral flexion. There was positive straight leg raise on the right with radiation to the right anterolateral lower leg and positive on the left with radiation to the posterior thigh. Diagnoses included multilevel cervical stenosis and neural foraminal narrowing with bilateral upper extremity radicular pain, chronic lumbar strain and disc herniation and headaches and psychiatric complaints. The plan of care included MRI cervical and lumbar spine for ongoing debilitating pain, decreased functionality of the cervical and lumbar spine. The plan also included internist consultation for ongoing GI issues and home health care four days a week, four hours a day to help with her ADLs as she is unable to do them. Other medical problems included fibromyalgia, depression, irritable bowel, constipation, GERD, hypothyroidism and hyperlipidemia. According to the Chronic Pain medical treatment guidelines, home health services are recommended for patients who are homebound, on a part-time or intermittent basis, and generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry and personal care given by home health aides like bathing, dressing and using the bathroom, when this is the only care needed. There is no documentation that the employee was home bound and also the request was to help with ADLs. There is no need for medical treatment such as IV infusion, wound care, dressing changes. Hence the request for home health services is not medically necessary or appropriate.

**MRI of cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The employee was a 58 year old female who sustained an industrial injury on 01/08/2001. The progress note from 10/14/14 was reviewed. Subjective complaints included pain in neck and lower back. Her pain was 9/10. She continued to have radiation of pain from the neck into the arms and from the low back into the legs. She was also complaining of psyche issues, worsening depression and complete body aches. She was diagnosed with fibromyalgia. Objective findings included decreased range of motion of cervical spine, positive cervical compression test bilaterally with radiation to the right upper extremity. There was positive Spurling's test on the right. She had decreased sensation over the right anterolateral forearm over the posterior right and left thigh and over the anterior right leg. Examination of the lumbar spine revealed decreased range of motion with flexion, extension and right lateral flexion. There was positive straight leg raise on the right with radiation to the right anterolateral lower leg and

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**MRI of lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; Lumbar & Thoracic

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303.

**Decision rationale:** The employee was a 58 year old female who sustained an industrial injury on 01/08/2001. The progress note from 10/14/14 was reviewed. Subjective complaints included pain in neck and lower back. Her pain was 9/10. She continued to have radiation of pain from the neck into the arms and from the low back into the legs. She was also complaining of psyche issues, worsening depression and complete body aches. She was diagnosed with fibromyalgia. Objective findings included decreased range of motion of cervical spine, positive cervical compression test bilaterally with radiation to the right upper extremity. There was positive Spurling's test on the right. She had decreased sensation over the right anterolateral forearm over the posterior right and left thigh and over the anterior right leg. Examination of the lumbar spine revealed decreased range of motion with flexion, extension and right lateral flexion. There was positive straight leg raise on the right with radiation to the right anterolateral lower leg and positive on the left with radiation to the posterior thigh. Diagnoses included multilevel cervical stenosis and neural foraminal narrowing with bilateral upper extremity radicular pain, chronic lumbar strain and disc herniation and headaches and psychiatric complaints. The plan of care included MRI cervical and lumbar spine for ongoing debilitating pain, decreased functionality of the cervical and lumbar spine. The plan also included internist consultation for ongoing GI issues and home health care four days a week, four hours a day to help with her ADLs as she is unable to do them. Other medical problems included fibromyalgia, depression, irritable bowel, constipation, GERD, hypothyroidism and hyperlipidemia. The ACOEM guidelines recommend an MRI for individuals with evidence of nerve compromise upon neurologic examination and individuals who failed to respond to treatment and would consider surgery if offered. In this case, the medical records indicate the employee has failed to respond favorably to conservative

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