

<b>Case Number:</b>	CM15-0104631		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	12/17/2003
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker (IW) is a 51 year old female who sustained an industrial injury on 12/17/2003. She reported The injured worker was diagnosed as having cervical strain, bilateral shoulder tendinosis, status post left carpal tunnel release, left index trigger finger release, left wrist ganglion excision (12/17/2013) , residual left carpal tunnel syndrome, mild, subclinical; status post right carpal tunnel release (02/06/2014), lumbar strain; osteoporosis; bilateral chondromalacia patella; bilateral plantar fasciitis. Treatment to date has included physical therapy with e-stim, myofascial release, and hot packs. Currently, the injured worker complains of pain in the cervical spine, lumbar spine, and thoracic spine. MRI of cervical spine dated 02/28/2013 notes loss of cervical lordosis, 2mm diffuse posterior bulging at C4-5 and C6-7 levels, and a 2-3 mm asymmetrical diffuse posterior bulging at C5-6 level. A MRI of the lumbar spine 02/28/2014 notes a 2mm diffuse bulging at L4-S1 level. An MRI of the knee on 3/1/13 showed chondromalacia and a popliteal cyst. In a April 21, 2014 evaluation the worker was considered at maximum medical improvement and was considered permanent and stationary. A revisit of that decision on 11/07/2014 found an additional record of the MRI of the left knee and declared her a potential candidate for left knee arthroscopic chondroplasty as part of her future care. On 03/24/2015, a request for authorization was made for the following: Ortho Consult/ Treatment for Cervical and Lumbar Spine; Pain Management with Treating Physician; MRI's of Cervical, Thoracic and Lumbar Spine, Bilateral Shoulders, Knees and Ankles and Chiropractic Treatment 1x Week for 1 Month 4 Visits.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ortho Consult/Treatment for Cervical and Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and office visit pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees. In this case, there was mention of possibility for knee of future knee arthroscopic surgery. There was no mention of indication of spinal surgery. The prior MRI or clinical information provided did not indicated red flag symptoms or complex situation requiring surgery. As a result, the request for an ortho consult is not medically necessary.

### **Pain Management with Treating Physician: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and office visit pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees. In this case, the

request for a pain specialist was not substantiated with a need for a specific intervention that cannot be performed with the claimant's primary or treating physician. In addition, the claimant had undergone numerous interventions to provide relief. The request for a pain specialist was not justified and therefore not medically necessary.

**MRI's of Cervical, Thoracic and Lumbar Spine, Bilateral Shoulders, Knees and Ankles:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 214, 309, 364, 182.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. In this case, the claimant did not have red flag symptoms, an ACL tear or any rotator cuff tears that would warrant additional imaging /MRIs. There was no plan for surgery to plan another MRI in the areas above. The request for an MRI of Cervical, Thoracic and Lumbar Spine, Bilateral Shoulders, Knees and Ankles is not medically necessary.