

<b>Case Number:</b>	CM15-0106534		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	11/09/1998
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 64 year old female, who sustained an industrial injury on 11/9/98. The diagnoses have included and lumbago, cervical post laminectomy syndrome, chronic post-operative pain, cervical spondylosis, cervical radiculitis, lumbar post laminectomy syndrome, left shoulder impingement, left knee internal derangement and hip arthritis. Treatment to date has included medications, activity modifications, diagnostics, surgery, injections, physical therapy, ice/heart, rest, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 1/13/15, the injured worker complains of neck and back pain and states that the pain is more tolerable with current medications regimen. On 10/28/14 exam, she continued to complain of low back pain and left leg numbness. She also reported left scapular pain along with muscle spasms. She states that she is driving one hour to work and the prolonged sitting makes her leg go numb. The physical exam on 1/13/15, reveals that the cervical/thoracic and lumbar spine show tenderness to palpation, decreased cervical range of motion, decreased lumbar range of motion, tenderness to palpation over the left sciatic notch and left trochanteric bursa, sensation is decreased over the left L4-5 dermatomal pattern and positive Spurling's test on the left side with severe pain. The current medications included Neurontin, Tramadol, Soma, Ibuprofen and Valtrex. There is no diagnostic reports noted in the records and there is no previous therapy sessions noted. The physician requested treatments included Lumbar Spine Magnetic Resonance Imaging (MRI) to evaluate worsening left leg pain and weakness, Left C3-4 Epidural Injection as the previous injection significantly improved the neck pain and the

pain is starting to return and Left Trochanteric Bursa Injection to decrease pain and improve function.

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

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

#### **Lumbar Spine MRI: 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) Low Back, MRIs (Magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested Lumbar Spine MRI, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has low back pain and left leg numbness. She also reported left scapular pain along with muscle spasms. She states that she is driving one hour to work and the prolonged sitting makes her leg go numb. The physical exam on 1/13/15 reveals that the cervical/thoracic and lumbar spine show tenderness to palpation, decreased cervical range of motion, decreased lumbar range of motion, tenderness to palpation over the left sciatic notch and left trochanteric bursa, sensation is decreased over the left L4-5 dermatomal pattern and positive Spurling's test on the left side with severe pain. There is insufficient documentation of recent physical therapy trials to the lumbar spine. The criteria noted above not having been met, Lumbar Spine MRI is not medically necessary.

#### **Left C3-4 Epidural Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines p. 46, Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The requested Left C3-4 Epidural Injection is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)," and note in regard to repeat injections. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at

least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker has low back pain and left leg numbness. She also reported left scapular pain along with muscle spasms. She states that she is driving one hour to work and the prolonged sitting makes her leg go numb. The physical exam on 1/13/15 reveals that the cervical/thoracic and lumbar spine show tenderness to palpation, decreased cervical range of motion, decreased lumbar range of motion, tenderness to palpation over the left sciatic notch and left trochanteric bursa, sensation is decreased over the left L4-5 dermatomal pattern and positive Spurling's test on the left side with severe pain. There is insufficient documentation cervical nerve impingement such as deficits in upper extremity dermatomal sensation, reflexes or muscle strength, nor percentage and duration of relief from previous epidural injections. The criteria noted above not having been met, Left C3-4 Epidural Injection is not medically necessary.

**Left Trochanteric Bursa Injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis, Acute & Chronic; Trochanteric bursitis injections.

**Decision rationale:** The requested Left Trochanteric Bursa Injection is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Hip & Pelvis, Acute & Chronic; Trochanteric bursitis injections, NOTE "Recommended. Gluteus medius tendinosis/tears and trochanteric bursitis/pain are symptoms that are often related, and commonly correspond with shoulder tendinoses and subacromial bursitis, though there is no evidence of a direct correlation between the hip and shoulder." The injured worker has low back pain and left leg numbness. She also reported left scapular pain along with muscle spasms. She states that she is driving one hour to work and the prolonged sitting makes her leg go numb. The physical exam on 1/13/15 reveals that the cervical/thoracic and lumbar spine show tenderness to palpation, decreased cervical range of motion, decreased lumbar range of motion, tenderness to palpation over the left sciatic notch and left trochanteric bursa, sensation is decreased over the left L4-5 dermatomal pattern and positive Spurling's test on the left side with severe pain. There is insufficient documentation hip osteoarthritis or failed trials of therapy to the hip. The criteria noted above not having been met, Left Trochanteric Bursa Injection is not medically necessary.