

<b>Case Number:</b>	CM15-0135021		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	03/18/1999
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 67-year-old who has filed a claim for chronic low back, wrist, and upper extremity pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of March 18, 1999. In multiple Utilization Review reports dated June 24, 2015, the claims administrator failed to approve a request for a follow-up visit with the applicant's primary treating provider, a chiropractor, failed to approve a request for an upper extremity surgery consultation, failed to approve a request for lumbar facet injections, and failed to approve a request for a spine surgery consultation for the low back. The claims administrator referenced a June 2, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated June 2, 2015, the applicant's primary treating provider, a chiropractor, suggested that the applicant consult and/or follow up with pain management and psychiatric consultants. The applicant was asked to continue permanent work restrictions imposed by an Agreed Medical Evaluator (AME). It was not clearly stated whether the applicant was or was not working with said permanent limitations in place. Multifocal complaints of low back pain, bilateral wrist, and bilateral hand pain were reported. The applicant was asked to consult an orthopedist. Hyposensorium about the right first digit of the finger tip was appreciated. The applicant had had earlier wrist MRI imaging of May 3, 2015 demonstrating mild-to-moderate marrow edema, mild erosive changes which were likely degenerative in etiology and the absence of any high- grade ligamentous or triangular fibrocartilage tear. Facet joint injections, an upper extremity surgical consultation for the wrist, and a spine surgery consultation for the low back were all sought. The bulk of the documentation provided comprised of preprinted

checkboxes, with little in the way of supporting rationale or supporting commentary.

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

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

**Follow up with primary treating provider/chiropractor:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Yes, the proposed primary treating provider (PTP) follow-up visit was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" in order to provide structure and reassurance even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant was off-of work, it was suggested above. Obtaining a follow-up visit with the applicant's primary treating provider, at a minimum, was indicated for disability management purposes. Therefore, the request was medically necessary.

**Initial upper extremity surgeon consultation, right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** Conversely, the request for an upper extremity surgeon consultation for the wrist was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 270, one of the cardinal criteria for pursuit of a hand surgery consultation is clear clinical and/or special study evidence of a lesion shown to benefit from surgical correction. Here, however, the handwritten progress note of June 2, 2015 did not establish the presence of a wrist or hand issue, lesion, and/or diagnosis which was necessarily amenable to surgical correction. Earlier wrist MRI imaging of May 3, 2015 was essentially negative and notable only for degenerative changes of uncertain clinical significance, the treating provider acknowledged on that date. It did not appear, in short, that the applicant had a lesion, issue, and/or diagnosis which was necessarily amenable to surgical correction and, by implication, the consultation in question. Therefore, the request was not medically necessary.

**Bilateral L4-S1 facet joint injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter, facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** Similarly, the request for a lumbar facet injection was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, facet joint injections, the article at issue, are deemed "not recommended." Here, it was not clearly stated why facet joint injection therapy was sought in the face of the unfavorable ACOEM position on the same. It was not clearly stated or clearly established that the applicant in fact had diskogenic low back pain complaints for which facet joint injections could have been considered. The June 2, 2015 progress note at issue was thinly and sparsely developed and did not set forth a clear or compelling case for the article in question. Therefore, the request was not medically necessary.

**Initial spine surgeon consultation, low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** Finally, the request for a spine surgery consultation for the low back was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, applicants with low back pain complaints alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Here, the requesting provider's sparse, thinly developed June 2, 2015 progress note did not establish the presence of a lesion amenable to surgical correction insofar as the applicant's lumbar spine was concerned. Therefore, the request was not medically necessary.