

<b>Case Number:</b>	CM15-0186973		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	07/08/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55 year old female, who sustained an industrial-work injury on 7-8-12. She reported initial complaints of neck, back and left hip pain. The injured worker was diagnosed as having chronic back pain and lumbar and cervical radiculopathy. Treatments to date has included medications, chiropractic (3-4 sessions), physical therapy (11 sessions), and epidural injections (2). MRI results were reported on 4-24-15 of the thoracic spine reveal mild anterior spondylosis with mild scoliosis without spondylolisthesis. The 8/28/2015 left hip steroid was noted to provide 25% reduction in pain for less than 2 days. MRI (magnetic resonance imaging) of the lumbar spine on 7-29-14 revealed chronic disc extrusion at L2-3, facet arthropathy at L4-5, no significant central canal or foramina stenosis. There was no prior MRI of the cervical spine. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 3-2-15 that noted right median neuropathy at wrist with carpal tunnel syndrome. On 3-18-15 it demonstrated generalized peripheral neuropathy of the lower limbs. Currently, the injured worker complains of worsening back and hip pain with radiation into the bilateral lower extremities, increased severe neck pain with radiation to the upper extremities. Pain was rated 9 out of 10. There were also frequent and severe headaches. Per the primary physician's progress report (PR-2) on 8-21-15, exam noted mildly antalgic gait, atrophy of the left calf, tenderness to palpation over the left lower lumbar paraspinous regions, pain with lumbar facet loading bilaterally, tenderness to palpation in the midline thoracic and lumbar spines, spasms of the bilateral thoracic and lumbar paraspinals, decreased sensation over the left C5-8 dermatomes and L3-5 dermatomes, 4+ out of 5 motor strength of the left deltoid and with left internal and

external rotation. Cervical spine and lumbar spine range of motion was restricted. Current plan of care includes pain management, orthopedic follow up, diagnostics and medications. The medications listed are Norco, gabapentin, metaxalone, clonazepam, Pamelor and Prazosin. The Request for Authorization requested service to include General orthopedic follow up, Qty 1, Pain management follow up, Qty 1, Single positional MRI (magnetic resonance imaging) of cervical spine, Left Hip Joint fluoroscopy guided corticosteroid injection, Qty 1. The Utilization Review on 8-25-15 denied the request for General orthopedic follow up, Qty 1, Pain management follow up, Qty 1, Single positional MRI (magnetic resonance imaging) of cervical spine, Left Hip Joint fluoroscopy guided corticosteroid injection, Qty 1. Per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Low Back Complaints 2004, Official Disability Guidelines: Pain - Office visits.

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

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

#### **General orthopedic follow up, Qty 1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Office visits.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Follow-up Visits, Surgical Considerations, and Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Referrals / Expertise.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred for evaluation and treatment by specialists when the condition is too complex or additional specialized treatment that cannot be provided by the primary treating physician had become necessary. The guidelines also recommend that expertise opinion can be beneficial in the presence of continual deterioration of the of the physical condition despite optimum conservative treatment. The records indicate the presence of subjective and objective findings of deterioration musculoskeletal conditions. The patient had not responded to conservative treatments with medications or physical treatments. The criteria for Orthopedic Follow Up was medically necessary.

#### **Pain management follow up, Qty 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Office visits; State of Colorado Dept of Labor and Employment: Chronic Pain Disorder Medical Treatment Guidelines, pg 56.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Follow-up Visits, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred for evaluation and treatment by specialists when the condition is too complex or additional specialized treatment that cannot be provided by the primary treating physician had become necessary. The guidelines also recommend that expertise opinion can be beneficial in the presence of continual deterioration of the of the physical condition despite optimum conservative treatment. The records indicate the presence of subjective and objective findings of deterioration musculoskeletal conditions. The patient had not responded to conservative treatments with medications or physical treatments. The criteria for Pain Management Follow Up Qty 1 was medically necessary.

**Single positional MRI (magnetic resonance imaging) of cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) - Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred for evaluation and treatment by specialists when the condition is too complex or additional specialized treatment that cannot be provided by the primary treating physician had become necessary. The guidelines also recommend that expertise opinion can be beneficial in the presence of continual deterioration of the of the physical condition despite optimum conservative treatment. The records indicate the presence of subjective and objective findings of deterioration musculoskeletal conditions. There are subjective, objective and EMG/NCV studies findings consistent with cervical radiculopathy. A radiological tests is necessary to determine the pathological causes of the neurological deficits for planning of interventional pain procedures or cervical spine surgery. The patient had not responded to conservative treatments with medications or physical treatments. The criteria for single Positional MRI of the cervical spine was medically necessary.

**Left Hip Joint fluoroscopy guided corticosteroid injection, Qty 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis (Acute & Chronic) - Intra-articular steroid hip injection (IASHI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Hips.

**Decision rationale:** The CA MTUS did not specifically address the use of steroid injections for the treatment of Hip pain. The ODG guidelines recommend that patients can be referred for interventional pain procedures when conservative treatments with medications and PT have failed and additional specialized treatment that cannot be provided by the primary treating

physician had become necessary. The guidelines recommend that interventional pain procedures with steroids can be repeated when there is documentation of sustained significant pain relief of more than 50% lasting more than 3 to 6 months. The records indicate that the previous hip injection on 8/28/2015 did not provide significant pain relief or functional restoration. The patient had not responded to conservative treatments with medications or physical treatments. There are pending Consultations with several specialists for the treatment of musculoskeletal pain including the hip condition. The criteria for the left hip joint fluoroscopic guided corticosteroid injection Qty1 was not medically necessary.