

<b>Case Number:</b>	CM15-0204266		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	12/09/2006
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 51 year old female, who sustained an industrial injury on 12-09-2006. The injured worker was diagnosed as having cervical spinal stenosis C5-6, upper extremity radiculopathy, bilateral shoulder impingements, burst fracture L1 (old with retropulsed fragments), lumbar degenerative disc disease, right lower extremity radiculopathy, left sacroiliac joint dysfunction, and left knee derangement. Treatment to date has included diagnostics, physical therapy, chiropractic, mental health treatment, right sacroiliac joint arthrodesis in 2010 with 100% improvement, and medications. On 8-07-2015 (consultation for evaluation of right upper extremity, low back, and lower extremity symptoms), the injured worker complains of back pain, rated 8 out of 10, mid back and right leg pain with numbness (rated 7 out of 10), and neck pain and right arm pain with numbness, rated 7 out of 10. "Everything" was aggravated by activity and relieved "somewhat by rest". She was not working. Current medications included Percocet, Soma, Meloxicam, Abilify, and Keppra. Oswestry questionnaire noted that pain medication provided "moderate relief" and personal care required "help but able to manage most of her personal care by herself". Physical exam noted her stance "somewhat stooped forward" and an antalgic gait to the right. Straight leg raising produced pain into the calf, exacerbated by passive dorsiflexion of the ankle, and sacroiliac joint exam appeared positive on the left. In the upper extremities she had "difficulty raising either arm above horizontal and causes pain in the shoulder". She had numbness in the right hand, noting "a re-implantation of the right hand after a near-complete amputation". She had a positive Spurling sign on the left. Multiple imaging reports were referenced, including "recent" magnetic resonance imaging of the lumbar spine

("will bring it at the next visit"), cervical magnetic resonance imaging from 3-2012, x-ray of the lumbar and thoracic spine 2-2012, and lumbar magnetic resonance imaging from 3-2012. On 10-16-2015, Utilization Review non-certified a request for a left sacroiliac joint block, cervical magnetic resonance imaging without contrast, left knee magnetic resonance imaging without contrast, right shoulder magnetic resonance imaging without contrast, left shoulder magnetic resonance imaging without contrast, back x-rays, and left knee x-rays.

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

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

#### **Left sacroiliac joint block: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute On-line, Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): 2011, updated 5/31/11, Hip and Pelvis, Sacroiliac joint blocks.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** Sacroiliac joint injections (SIJ) are recommended as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. Criteria for the use of SIJ blocks include that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including, physical therapy (PT), home exercise and medication management. In this case, it is unclear if the patient's pain pattern is due to SI joint dysfunction. Medical necessity for the left SIJ injection has not been established. The requested procedure is not medically necessary.

#### **Cervical spine MRI (Magnetic Resonance Imaging) without contrast material: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to CA MTUS/ACOEM guidelines, a cervical MRI is indicated if unequivocal findings identify specific nerve compromise on the neurologic examination, in patients who do not respond to conservative treatment, and who would consider surgical intervention. Cervical MRI is the mainstay in the evaluation of myelopathy. Per the ODG, an MRI should be reserved for patients who have clear-cut neurologic findings and those suspected

of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the documentation indicates that the patient had a previous cervical MRI, on 03/14/2012, which did not reveal nerve impingement. There are no new neurologic findings on physical exam to warrant another MRI study. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**Left Knee MRI (Magnetic Resonance Imaging) without contrast material: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to the ODG, indications for imaging of the knee include, acute trauma to the knee and non-traumatic knee pain. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. MRI scans are accurate to diagnose meniscus tears, but MRI is a poor predictor of whether or not the tear can be repaired. Studies showed that MRI studies are necessary if they are indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment. In this case, there are no significant physical exam findings consistent with instability or internal ligament derangement of the left knee. Medical necessity for the requested MRI of the left knee has not been established. The requested study is not medically necessary.

**Right shoulder MRI (Magnetic Resonance Imaging) without contrast material: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to the ODG, an MRI of the shoulder is indicated for the evaluation of acute shoulder trauma, suspected rotator cuff tear/impingement, in patients over age 40 with normal plain radiographs, subacute shoulder pain, and suspected instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the submitted medical records failed to provide adequate clinical findings and/or presence of red flags to support diagnostic imaging of the shoulder. Therefore, based on ACOEM guidelines and submitted medical records, the request for MRI of the right shoulder (without contrast) is not medically necessary.

**Left shoulder MRI (Magnetic Resonance Imaging) without contrast material: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to the ODG, an MRI of the shoulder is indicated for the evaluation of acute shoulder trauma, suspected rotator cuff tear/impingement, in patients over age 40 with normal plain radiographs, subacute shoulder pain, and suspected instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the submitted medical records failed to provide adequate clinical findings and/or presence of red flags to support diagnostic imaging of the shoulder. Therefore, based on ACOEM guidelines and submitted medical records, the request for MRI of the left shoulder (without contrast) is not medically necessary.

**Back x-rays:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. According to the American College of Radiology, "It is now clear from previous studies that uncomplicated acute low back pain is a benign, self-limited condition that does not warrant any imaging studies." Indications for plain x-rays include, lumbar spine trauma with pain and tenderness, neurologic deficit, or chance of a fracture. In addition, x-rays are indicated for uncomplicated low back pain, steroids, osteoporosis, age over 70, suspicion of cancer or infection; myelopathy and/or post-surgery to evaluate the status of a fusion. In this case, the patient has had a CT scan of the lumbar spine on 3/24/2011, an x-ray of the lumbar spine on 2/15/2012, and an MRI of the lumbar spine on 5/13/2014. There is no documentation of acute changes in the patient's condition to warrant additional x-rays at this time. Medical necessity for the requested x-rays has not been established. The requested x-rays are not medically necessary.

**Left knee x-rays:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Radiography (x-rays).

**Decision rationale:** In a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence. A negative result on an Ottawa knee rule test accurately excludes knee fractures after acute knee injury. Indications for X-rays of the knee include the following: Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight. First study. Acute trauma to the knee, injury to knee  $\geq$  2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk. Acute trauma to the knee, significant trauma (e.g, motor vehicle accident), suspect posterior knee dislocation. Non-traumatic knee pain, child or adolescent - non-patellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). Non-traumatic knee pain, child or adult: patellofemoral (anterior) symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial view. Non-traumatic knee pain, adult: non-trauma, non-tumor, non-localized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). In this case, the patient had x-rays of the knee on 11/30/2014. There is no documentation of acute changes to warrant additional x-rays at this time. Medical necessity for the requested x-rays has not been established. The requested x-rays are not medically necessary.