MAXIMUS Federal Services

Case Number:	CM15-0020589		
Date Assigned:	02/12/2015	Date of Injury:	12/19/2008
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/04/2015

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, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 55-year-old female who reported an injury on 12/19/2008. The mechanism of injury was unspecified. Her diagnoses included thoracic/lumbosacral neuritis or radiculitis, cervical spinal stenosis, pain in the joint of the forearm, lumbar sprain/strain, opioid dependence, carpal tunnel syndrome, postlaminectomy syndrome, depressive disorder, cervical spondylosis without myelopathy, and anxiety. Her past treatments included medications, lumbar fusion at the L4-5 and L5-S1, chiropractic care, and physiotherapy. On 12/09/2014, the injured worker complained of right shoulder pain rated 4/10. The injured worker also complained of wrist pain rated 2/10 and lumbar pain rated 8/10. The injured worker was also noted to have had previous epidural steroid injections. The physical examination revealed reflexes and muscle strength within normal values. There was also noted decreased sensation along the S1 dermatomal distribution into the lower extremities. The documentation also revealed cervical range of motion was intact and negative Spurling's tests bilaterally. Range of motion for the shoulder, cervical spine, and elbow were indicated to be normal. The lumbar range of motion revealed extension at 10 degrees, flexion at 70 degrees, bilateral lateralization at 30 degrees, and bilateral rotation at 35 degrees. Her relevant medications were noted to include metformin 500 mg, Cymbalta 60 mg, Prilosec 20 mg, Lidoderm 5% patch, MSIR 15 mg, and gabapentin 600 mg. The treatment plan included the MRI of the cervical spine, right shoulder, and lumbar spine, along with ultrasound guided left transverse carpal ligament injection, L5-S1 epidural steroid injection, subacromial bursa injection for the right shoulder, and random urine drug screens in

order to determine a course of treatment and medical necessity for referral to an orthopedic surgeon. A Request for Authorization was submitted on 01/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar spine epidural steroid injection with fluoroscopic guidance at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: The request for a left lumbar spine epidural steroid injection with fluoroscopic guidance at L5-S1 is not medically necessary. The California MTUS Guidelines state criteria for repeat epidural steroid injections to include documentation showing functional improvement, at least 50% reduction in pain, and associated reduction in medication use, for at least 6-8 weeks. The injured worker was indicated to have a previous epidural steroid injection. However, there was lack of documentation to indicate the date of the previous injection, functional improvement of at least 50% reduction in pain, and a reduction of medication use for at least 6 to 8 weeks. In the absence of the above, the request is not supported by the evidence based guidelines. As such, this request is not medically necessary.

Right shoulder subacromial injection under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The request for a right shoulder subacromial injection under ultrasound guidance is not medically necessary. According to the California MTUS/ACOEM Guidelines, invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. Furthermore, the guidelines indicate a subacromial corticosteroid injection for patients with impingement syndrome. There was a lack of documentation to indicate the injured worker had impingement syndrome. Furthermore, there was lack of documentation of a 2 to 3 week period of conservative therapy was recently noted prior to the request. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, Magnetic resonance imaging.

Decision rationale: The request for an MRI of the cervical spine without contrast is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The guidelines also recommend the emergence of a red flag and physiologic evidence of tissue insult, neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure for ordering imaging studies. The Official Disability Guidelines further state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker was indicated to have cervical spine pain. However, there was a lack of documentation to indicate a significant change in symptoms or findings suggestive of significant pathology for a repeat MRI. In addition, there was a lack of documentation in regard to previous diagnostic studies as the injured worker's injury date was in 2008. There was also a lack of documentation to indicate red flags, evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

MRI of the right shoulder without contrast: 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), Shoulder (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging.

Decision rationale: The request for an MRI of the right shoulder without contrast is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. The guidelines also recommend the emergence of a red flag and physiologic evidence of tissue insult, neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure for ordering imaging studies. The Official Disability Guidelines further state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or

findings suggestive of significant pathology. The injured worker was indicated to have right shoulder pain complaints. However, there was a lack of documentation to indicate a significant change in symptoms or findings suggestive of significant pathology for a repeat MRI. In addition, there was a lack of documentation in regard to previous diagnostic studies as the injured worker's injury date was in 2008. There was also a lack of documentation to indicate red flags, evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

MRI of the lumbar spine: 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), Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Magnetic resonance imaging.

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. According to the California MTUS/ACOEM Guidelines, lumbar MRIs are indicated if unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The Official Disability Guidelines further state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker was noted to have lumbar spine pain. However, there was a lack of documentation to indicate a significant change in symptoms or findings suggestive of significant pathology for a repeat MRI. In addition, there was a lack of documentation in regard to previous diagnostic studies as the injured worker's injury date was in 2008. There was also a lack of documentation to indicate red flags, evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Ultrasound guidance (for carpal ligament injection - the injection was certified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The request for ultrasound guidance for carpal ligament injection is not medically necessary. According to the California MTUS/ACOEM Guidelines, most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The request was previously certified; however, the guidelines do not recommend the use of invasive techniques such as injection procedures as there is a lack of sufficient high quality evidence to support their use. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Three random urine drug screen tests over a 12 month period: 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), Pain (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43.

Decision rationale: The request for 3 random urine drug tests over a 12 month period is not medically necessary. According to the California MTUS Guidelines, a urine drug screen be used to assess for the use or presence of illegal drugs and may be required if there is suspected non-compliance or to avoid misuse or abuse of opioids. The injured worker was indicated to have been on opioids for an unspecified duration of time. However, there was a lack of documentation on physical examination indicating the use or presence of illegal drugs, noncompliance, misuse, or abuse. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

Decision rationale: The request for Prilosec is not medically necessary. According to the California MTUS Guidelines, an assessment is needed for patients at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Treatment of dyspepsia secondary to NSAID therapy. The injured worker was indicated to have been on Prilosec for an unspecified duration of time. However, there was a lack of documentation indicating the injured worker had undergone a risk assessment for gastrointestinal events. There was also a lack of documentation to indicate the injured worker had dyspepsia secondary to NSAID therapy. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

X-ray of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an x-ray of the cervical spine is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The guidelines also recommend the emergence of a red flag and physiologic evidence of tissue insult, neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure for ordering imaging studies. There was a lack of documentation in regard to the emergence of red flags, physiological evidence of tissue insult or neurological deficit upon examination, failure to progress in a strengthening program with an attempt to avoid surgery, or the need for clarification of an anatomy prior to invasive procedures. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

X-rays of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for x-rays of the bilateral shoulders is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The guidelines also recommend the emergence of a red flag and physiologic evidence of tissue insult, neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure for ordering imaging studies. There was a lack of documentation in regard to the emergence of red flags, physiological evidence of tissue insult or neurological deficit upon examination, failure to progress in a strengthening program with an attempt to avoid surgery, or the need for clarification of an anatomy prior to invasive procedures. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

MSIR 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for MSIR 15 mg #30 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker was indicated to have been on MSIR for an unspecified duration of time. However, there was a lack of documentation in regard to objective functional improvement, and objective decrease in pain, and evidence of monitoring for side effects from medication use. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.