

Case Number:	CM15-0081561		
Date Assigned:	06/09/2015	Date of Injury:	12/19/2014
Decision Date:	09/23/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/29/2015

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: Physical Medicine & Rehabilitation

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 injury on 12/19/14. The diagnoses are Neck sprain and strain, Spasm—other symptoms referable to back, Sprain and strain of unspecified site of hip and thigh, Sprain and strain of unspecified site of knee and leg, Sprain and strain of unspecified site of wrist, Generalized anxiety disorder, Stiffness of joint not elsewhere classified shoulder region. In a progress note dated 4/14/15, a primary treating physician reports the injured worker complains of bilateral back pain which is constant with numbness and tingling with pain rated as 7/10, right hip has constant pain which travels to the anterior thigh rated as 6/10, right knee weakness/pain is rated at 5/10. She indicates the pain is constant and aggravating factors are kneeling, sitting for long periods, standing up, standing for long periods and walking. In a progress note dated 4/8/15, a treating physician notes exam of the posterior cervical musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There is decreased range of motion with obvious muscle guarding. There is significant tenderness to the dorsum of the right wrist and she has pain with flexion and extension. Cervical spine range of motion is in degrees as follows; flexion is 30, extension is 30, right lateral bend is 30, left lateral bend is 30, right rotation is 60 and left rotation is 60. Upper extremity motor testing shows a decrease on the right and sensory exam with the Wartenberg pinprick wheel was decreased along the posterolateral arm and lateral forearm. Shoulder range of motion was decreased. Exam of the posterior lumbar musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender and she has a decreased range of motion with obvious muscle guarding. Straight leg raise in the

modified sitting position is positive at 60 degrees which causes radicular symptoms to the right lower extremity. There is decreased motor strength with flexion of the right hip. Fabere's maneuver is positive in the hip. She is unable to function normally with the pain. She was determined to have chronic myofascial pain in the right posterior lumbar musculature and on 4/8/15, she received 4 trigger point injections with a reported pain relief of 50% and an increased range of motion a few minutes later. Medications are Anaprox DS, prilosec, Neurontin, and Norco. A urine drug screen was consistent with the medical regimen. Previous treatment includes Naprosyn, a right intra-articular corticosteroid joint injection- 4/8/15, chiropractics and acupuncture, which have only been of temporary help as she continues to have significant symptoms. The requested treatment is MRI (flexion and extension) cervical spine, MRI (flexion and extension) lumbar spine, MRI of right hip, MRI of right wrist, Trigger point injections (10cc of 25% Bupivacaine) lumbar spine 4x1, Xray of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (flexion & extension) cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,178. Decision based on Non-MTUS Citation aetna.com/cpb/medical/data/1_99/0093.html.

Decision rationale: Based on the 4/14/15 progress report provided by the treating physician, this patient presents with constant back pain with right-sided numbness/tingling rated 7/10 on VAS scale, constant hip pain traveling to anterior thigh rated 6/10, and right knee weakness with pain rated 5/10. The 4/8/15 report also describes right-sided cervical pain radiating to the medial scapular area, shoulder, and down the right upper extremity toward second, third, and fourth digits. The treater has asked for MRI (flexion & extension) cervical spine on 4/8/15. The patient's diagnoses per Request for Authorization form dated 4/8/15 are right hip s/s, rule out tear or bursitis, and rule out HNP. The patient does not have a history of cervical surgeries per 4/8/15 report. The patient's current medications are Naproxyn and Atenolol per 4/8/15 report. The patient's pain is aggravated by movement, and has had fair improvement per 3/31/15 report. The patient states that the only treatments that have helped have been acupuncture and chiropractic treatments, and she continues with significant symptoms in the right lower extremity and back per 4/14/15 report. The patient has not had prior cervical MRIs per review of reports dated 12/16/14 to 4/14/15. ACOEM Guidelines, chapter 8, page 177 and 178, state "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." aetna.com/cpb/medical/data/1_99/0093.html. Aetna considers repeat MRI scans in different positions (such as flexion, extension, rotation and lateral bending) and when done with and without weight-bearing to be experimental and investigational because of insufficient evidence of this approach. In this case, the patient has

continued cervical pain. The patient has not had a prior MRI of the C-spine done per review of reports. The utilization review letter dated 4/20/15 denies request due to failure to document improvement from a strengthening program. In this case, the treater has asked for MRI of the cervical spine to determine the source of the patient's persistent cervical pain and right upper extremity radiating symptoms. These are neurologic symptoms, and an MRI would be reasonable given no prior MRI. However, the request is for flexion/extension or positional MRI. There is currently lack of evidence that these are necessary over conventional MRI's. The request IS NOT medically necessary.

MRI of right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

Decision rationale: Based on the 4/14/15 progress report provided by the treating physician, this patient presents with constant back pain with right-sided numbness/tingling rated 7/10 on VAS scale, constant hip pain traveling to anterior thigh rated 6/10, and right knee weakness with pain rated 5/10. The 4/8/15 report also describes right-sided cervical pain radiating to the medial scapular area, shoulder, and down the right upper extremity toward second, third, and fourth digits. The treater has asked for MRI of right wrist on 4/8/15. The patient's diagnoses per Request for Authorization form dated 4/8/15 are right hip s/s, rule out tear or bursitis, and rule out HNP. The patient does not have a history of cervical surgeries per 4/8/15 report. The patient's current medications are Naproxyn and Atenolol per 4/8/15 report. The patient's pain is aggravated by movement, and has had fair improvement per 3/31/15 report. The patient states that the only treatments that have helped have been acupuncture and chiropractic treatments, and she continues with significant symptoms in the right lower extremity and back per 4/14/15 report. The patient has not had prior right wrist MRIs per review of reports dated 12/16/14 to 4/14/15. The ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints page 268 on x-rays of the wrist and hand states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out." Regarding wrist/hand X-ray, ACOEM guidelines state indications for x-ray are as follow: 1. tenderness of the snuff box -radial-dorsal wrist, 2. An acute injury to the metacarpophalangeal joint of the thumb, 3. peripheral nerve impingement, and 4. Recurrence of a symptomatic ganglion that has been previously aspirated or a trigger finger that has been previously treated with local injections. ODG guidelines, chapter 'Forearm, Wrist & Hand (Acute & Chronic)' under topic 'Radiography' states: For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. Per report dated 4/8/15, the patient presents with on-going pain in the back, hip, neck, right upper extremity, and right knee. Review of reports show that no prior MRI of the right wrist has been done. For chronic wrist pain, there has to be a suspicion of tissue tumor, Kienbock's disease or gamekeeper injury per ODG guidelines, as well as a negative X-

ray. Despite the review of all of the medical records available, there are no X-ray reports of the wrist available. The treater does not mention any acute trauma, or any suspicion of subtle fracture. There are no discussion as to whether or not ligamental tears/instability is an issue. Just routinely ordering an MRI to address pain is not recommended. For chronic wrist pain, there has to be a suspicion of tissue tumor, Kienbock's disease or gamekeeper injury per ODG guidelines, as well as a negative X-ray. Physical exam of the right wrist shows only slightly decreased (4/5) motor strength, which is the same in the right shoulder and elbow as well (both 4/5). The request IS NOT medically necessary.

MRI of right hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvic chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, under MRI.

Decision rationale: Based on the 4/14/15 progress report provided by the treating physician, this patient presents with constant back pain with right-sided numbness/tingling rated 7/10 on VAS scale, constant hip pain traveling to anterior thigh rated 6/10, and right knee weakness with pain rated 5/10. The 4/8/15 report also describes right-sided cervical pain radiating to the medial scapular area, shoulder, and down the right upper extremity toward second, third, and fourth digits. The treater has asked for MRI of right hip on 4/8/15. The patient's diagnoses per Request for Authorization form dated 4/8/15 are right hip s/s, rule out tear or bursitis, and rule out HNP. The patient does not have a history of cervical surgeries per 4/8/15 report. The patient's current medications are Naproxyn and Atenolol per 4/8/15 report. The patient's pain is aggravated by movement, and has had fair improvement per 3/31/15 report. The patient states that the only treatments that have helped have been acupuncture and chiropractic treatments, and she continues with significant symptoms in the right lower extremity and back per 4/14/15 report. The patient has not had prior right hip MRIs per review of reports dated 12/16/14 to 4/14/15. ODG Guidelines, Hip and Pelvis Chapter, under MRI states: Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should, in general, be the first imaging technique employed following plain films. Indicators include osseous, articular, or soft tissue abnormalities; osteonecrosis; occult, acute, and stress fracture; acute and chronic soft tissue injuries; and tumors. In regard to the MRI of the right hip, the request is appropriate. Examination dated 4/8/15 includes documentation of decreased motor strength of the right hip with flexion, and positive Fabere's maneuver with positive hip/groin pain with internal/external rotation. Given these examination findings suggestive of abnormalities in the joint, an initial MRI study is appropriate and could help identify the underlying pathology. The request IS medically necessary.

MRI (flexion and extension) lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter- Standing MRI and Neck and Upper Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation aetna.com/cpb/medical/data/1_99/0093.html.

Decision rationale: Based on the 4/14/15 progress report provided by the treating physician, this patient presents with constant back pain with right-sided numbness/tingling rated 7/10 on VAS scale, constant hip pain traveling to anterior thigh rated 6/10, and right knee weakness with pain rated 5/10. The 4/8/15 report also describes right-sided cervical pain radiating to the medial scapular area, shoulder, and down the right upper extremity toward second, third, and fourth digits. The treater has asked for MRI (flexion and extension) lumbar spine on 4/8/15. The patient's diagnoses per Request for Authorization form dated 4/8/15 are right hip s/s, rule out tear or bursitis, and rule out HNP. The patient does not have a history of cervical surgeries per 4/8/15 report. The patient's current medications are Naproxyn and Atenolol per 4/8/15 report. The patient's pain is aggravated by movement, and has had fair improvement per 3/31/15 report. The patient states that the only treatments that have helped have been acupuncture and chiropractic treatments, and she continues with significant symptoms in the right lower extremity and back per 4/14/15 report. The patient has not had prior lumbar MRIs per review of reports dated 12/16/14 to 4/14/15. ACOEM Guidelines, chapter 8, page 177 and 178, state: "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." aetna.com/cpb/medical/data/1_99/0093.html. Aetna considers repeat MRI scans in different positions (such as flexion, extension, rotation and lateral bending) and when done with and without weight-bearing to be experimental and investigational because of insufficient evidence of this approach. The treater does not discuss this request in the reports provided. Per report dated 4/8/15, the patient presents with ongoing pain in the back, hip, neck, right upper extremity, and right knee. Examination on 4/8/15 revealed "tenderness to palpation bilateral with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. There is decreased range of motion with obvious muscle guarding." A seated leg raise was positive on the right side at 90 degrees per 4/8/15 report. There is no indication of prior MRI of the lumbar spine. In this case, the patient has not responded to conservative treatment. The request for a lumbar MRI to assess patient's radicular lower extremity symptoms appears reasonable. However, the request is for flexion/extension or positional MRI. There is currently lack of evidence that these are necessary over conventional MRI's. The request IS NOT medically necessary.

X-ray of the left hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvic chapter, X-rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis chapter under X-rays.

Decision rationale: Based on the 4/14/15 progress report provided by the treating physician, this patient presents with constant back pain with right-sided numbness/tingling rated 7/10 on VAS scale, constant hip pain traveling to anterior thigh rated 6/10, and right knee weakness with pain rated 5/10. The 4/8/15 report also describes right-sided cervical pain radiating to the medial scapular area, shoulder, and down the right upper extremity toward second, third, and fourth digits. The treater has asked for X-ray of the left hip on 4/8/15. The patient's diagnoses per Request for Authorization form dated 4/8/15 are right hip s/s, rule out tear or bursitis, and rule out HNP. The patient does not have a history of cervical surgeries per 4/8/15 report. The patient's current medications are Naproxyn and Atenolol per 4/8/15 report. The patient's pain is aggravated by movement, and has had fair improvement per 3/31/15 report. The patient states that the only treatments that have helped have been acupuncture and chiropractic treatments, and she continues with significant symptoms in the right lower extremity and back per 4/14/15 report. The patient has not had prior X-rays of the left hip per review of reports dated 12/16/14 to 4/14/15. MTUS/ACOEM does not discuss hip radiographs. ODG-TWC guidelines, Hip and Pelvis chapter under X-rays states: Recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) In reviewing of the provided reports, there is no evidence of prior X-ray of the left hip. There are no specific concerns for fracture, trauma, suspicion of cancer, and infection to consider an X-ray. However, the patient has a 10 year history of right-sided shoulder and neck pain from repetitive motions at work, and her injury on 12/19/14 has caused acute onset of right-sided low back and hip pain that radiates down her leg; therefore, the requested X-ray of the hip IS medically necessary.

Trigger Point injections (10cc of 25% Bupivacaine) lumbar spine 4x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: Based on the 4/14/15 progress report provided by the treating physician, this patient presents with constant back pain with right-sided numbness/tingling rated 7/10 on VAS scale, constant hip pain traveling to anterior thigh rated 6/10, and right knee weakness with pain rated 5/10. The 4/8/15 report also describes right-sided cervical pain radiating to the medial scapular area, shoulder, and down the right upper extremity toward second, third, and fourth digits. The treater has asked for Trigger Point injections (10cc of 25% Bupivacaine) lumbar spine 4x1 on 4/8/15. The patient's diagnoses per Request for Authorization form dated 4/8/15 are right hip s/s, rule out tear or bursitis, and rule out HNP. The patient does not have a

history of cervical surgeries per 4/8/15 report. The patient's current medications are Naproxyn and Atenolol per 4/8/15 report. The patient's pain is aggravated by movement, and has had fair improvement per 3/31/15 report. The patient states that the only treatments that have helped have been acupuncture and chiropractic treatments, and she continues with significant symptoms in the right lower extremity and back per 4/14/15 report. The patient has not had prior trigger point injections per review of reports dated 12/16/14 to 4/14/15. MTUS, Trigger Point Injections Section, (pg 122): "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band..." Criteria for the use of Trigger point injections: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. In regard to the request for trigger point injections, the patient does not meet guideline criteria. Progress report dated 4/8/15 does include exam findings of several tender trigger points along the lumbar paraspinals. However, there is no discussion of positive twitch response or referred pain upon palpation. Without such findings, this patient does not meet MTUS criteria for trigger point injections and the request cannot be substantiated. The request IS NOT medically necessary.