

<b>Case Number:</b>	CM15-0082022		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	05/29/2000
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 67-year-old female who sustained an industrial injury on 5/29/2000. Her diagnoses, and/or impressions, are noted to include: chronic neck, low back and shoulder pain; cervical disc disease; moderate thoracic anterior wedging superior compression deformity with chronic fracture; and chronic pain syndrome with depression. No current magnetic imaging studies were noted. Her treatments have included diagnostic imaging studies (12/2000, 1/2001 & 9/2009); chiropractic treatments; massage therapy; arthroscopic surgery - left shoulder (11/2000); trans-laminar lumbar epidural steroid injection therapy (4/2001) - ineffective; acupuncture treatments; cervical and lumbar traction units - irritating/ineffective; seat cushion; lumbosacral corset brace; and medication management. The progress notes of 12/30/2014 noted complaints that included continued elevated neck and back pain with muscle spasms with radiating pain/numbness/tingling/burning into the legs/feet, aggravated by activity; as well as upper back and bilateral shoulder pain, right > left, with the inability to sleep on the left side. Also reported was depression due to pain and disability that is helped by her current medication regimen; and left hip/thigh pain. The physician's requests for treatments included poise pads, acupuncture treatments, magnetic resonance imaging studies of the cervical and lumbar spine, and consultation for minimally invasive spine procedures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Poise pads qty: 90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus, a service of U. S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/ency/article/003973.htm>.

**Decision rationale:** The 67-year-old patient presents with pain and muscle spasms in neck and lower back along with radicular bilateral leg pain, numbness and tingling, as per progress report dated 12/30/14. The request is for Poise Pads Qty 90. There is no RFA for this request, and the patient's date of injury is 05/29/00. The patient also suffers from left hip and thigh pain, upper back pain and shoulder pain along with depression secondary to pain, as per progress report dated 12/30/14. Medications included Zoloft, Tylenol # 3, topical analgesic creams, Zantac and Skelaxin. Diagnoses included chronic neck pain, chronic low back pain, and chronic pain syndrome with depression. The report documents the patient's work status as permanent and stationary. MTUS, ODG and ACOEM do not discuss this treatment. As per MedlinePlus, a service of U. S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/ency/article/003973.htm> states that "Pads made for urine leaks can soak up a lot more fluid than sanitary pads. They also have a waterproof backing. These pads are meant to be worn inside your underwear. Some companies make reusable, washable cloth liners or pads that are held in place by waterproof pants". In this case, only one progress report dated 12/30/14 is available for review and it does not discuss the request. There is no evidence of urinary incontinence or severe immobility, which may warrant the use of the pads. Given the lack of documentation, the request is not medically necessary.

**Acupuncture treatment qty: 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** The 67-year-old patient presents with pain and muscle spasms in neck and lower back along with radicular bilateral leg pain, numbness and tingling, as per progress report dated 12/30/14. The request is for Acupuncture Treatment Qty: 6. The RFA for this request is dated 01/30/15, and the patient's date of injury is 05/29/00. The patient also suffers from left hip and thigh pain, upper back pain and shoulder pain along with depression secondary to pain, as per progress report dated 12/30/14. Medications included Zoloft, Tylenol # 3, topical analgesic creams, Zantac and Skelaxin. Diagnoses included chronic neck pain, chronic low back pain, and chronic pain syndrome with depression. The report documents the patient's work status as permanent and stationary. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792. 20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, only one report dated 12/30/14 is available for review and it documents the treater's request for acupuncture "for spasm

control/functional restoration". MTUS also allows for an initial trial of 3 to 6 sessions for reducing pain and restoring function. Hence, the request is medically necessary.

**MRI of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178; 182.

**MAXIMUS 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 'Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The 67-year-old patient presents with pain and muscle spasms in neck and lower back along with radicular bilateral leg pain, numbness and tingling, as per progress report dated 12/30/14. The request is for MRI Cervical Spine. The RFA for this request is dated 03/27/15, and the patient's date of injury is 05/29/00. The patient also suffers from left hip and thigh pain, upper back pain and shoulder pain along with depression secondary to pain, as per progress report dated 12/30/14. Medications included Zoloft, Tylenol # 3, topical analgesic creams, Zantac and Skelaxin. Diagnoses included chronic neck pain, chronic low back pain, and chronic pain syndrome with depression. The report documents the patient's work status as permanent and stationary. 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". ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; (2) Neck pain with radiculopathy if severe or progressive neurologic deficit; (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal;" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit; (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also state that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e. g. , tumor, infection, fracture, neurocompression, recurrent disc herniation)". In this case, only one progress report dated 12/30/14 is available for review and it does not document the request. The report, however, states that the patient underwent an MRI of the cervical spine on 12/11/00, which revealed degenerative disc disease at C5-6 and C6-7. The treater does not document any red flags or new symptoms that may warrant a repeat MRI. Hence, the request is not medically necessary.

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines - Low Back, Lumbar and Thoracic (Acute & Chronic) updated 1/30/15.

**MAXIMUS 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 Lower back Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs).

**Decision rationale:** The 67-year-old patient presents with pain and muscle spasms in neck and lower back along with radicular bilateral leg pain, numbness and tingling, as per progress report dated 12/30/14. The request is for MRI Lumbar Spine. The RFA for this request is dated 03/27/15, and the patient's date of injury is 05/29/00. The patient also suffers from left hip and thigh pain, upper back pain and shoulder pain along with depression secondary to pain, as per progress report dated 12/30/14. Medications included Zoloft, Tylenol # 3, topical analgesic creams, Zantac and Skelaxin. Diagnoses included chronic neck pain, chronic low back pain, and chronic pain syndrome with depression. The report documents the patient's work status as permanent and stationary. 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". ODG Guidelines, chapter Lower back-Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)' does not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, only one progress report dated 12/30/14 is available for review and it does not document the request. The report, however, states that the patient underwent an MRI of the lumbar spine on 09/08/09, which revealed moderate anterior wedging superior compression deformity of T12 compatible with chronic fracture. The treater does not document any red flags or new symptoms that may warrant a repeat MRI. Hence, the request is not medically necessary.

**Spine consultation for minimally invasive spinal procedures:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines (2nd edition) Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** The 67 year old patient presents with pain and muscle spasms in neck and lower back along with radicular bilateral leg pain, numbness and tingling, as per progress report dated 12/30/14. The request is for Spine Consultation for Minimally Invasive Spinal Procedures. The RFA for this request is dated 03/27/15, and the patient's date of injury is 05/29/00. The patient also suffers from left hip and thigh pain, upper back pain and shoulder pain along with depression secondary to pain, as per progress report dated 12/30/14. Medications included Zoloft, Tylenol # 3, topical analgesic creams, Zantac and Skelaxin. Diagnoses included chronic neck pain, chronic low back pain, and chronic pain syndrome with depression. The report documents the patient's work status as permanent and stationary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss

and/or the examinee's fitness for return to work. In this case, only one report dated 12/30/14 is available for review and it documents the treater's request for "minimally invasive spinal procedures". The patient does suffer from chronic pain and may benefit from such procedures. Hence, the request is medically necessary.