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| <b>Case Number:</b>   | CM14-0132671 |                              |            |
| <b>Date Assigned:</b> | 08/22/2014   | <b>Date of Injury:</b>       | 12/03/2013 |
| <b>Decision Date:</b> | 10/08/2014   | <b>UR Denial Date:</b>       | 08/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with the date of injury of December 3, 2013. A Utilization Review was performed on August 7, 2014 and recommended non-certification of 1 pain management consultation between 7/22/2014 and 10/5/2014 due to no examination findings that would warrant lumbar injection; non-certification of 1 boot cast/walker for right ankle between 7/22/2014 and 10/5/2014; and modification of 1 prescription for Dilaudid 2mg #30 between 7/22/2014 and 10/5/2014 to 1 prescription for Dilaudid 2mg #15 between 7/22/2014 and 10/5/2014. A Progress Report dated July 22, 2014 identifies primary complaints of right shoulder/right ankle-Achilles pain. Objective Findings identify tenderness to palpation over the anterior capsule, supraspinatus tendon insertion, and subacromial region. Crepitus is present. Impingement test is positive. Range of motion of the right shoulder is decreased. Tenderness to palpation over the paravertebral muscles, lumbosacral junction, bilateral facet joints and L4 through S1 levels. There is muscle spasm. Increased axial pain with extension. Tenderness to palpation over the Achilles tendon, distal third and insertion. Extension of the ankle is decreased with pain and muscle guarding. Diagnosis identify right shoulder strain/rotator cuff tendinitis, moderate acromioclavicular joint changes per x-rays, right wrist sprain/deQuervain's tenosynovitis/thumb (basal) osteoarthritis, per x-rays, lumbar spine musculoligamentous sprain/strain with multilevel spondylosis/moderate facet osteoarthritis at L3 through S1 per MRI scan, right knee sprain/patellofemoral arthralgia, and right Achilles tendonitis. Treatment Plan identifies request authorization for a pain management consultation in consideration of lumbar facet blocks and radiofrequency rhizotomy. There is note that the patient has failed physical therapy, home exercise program, chiropractic therapy, medication, and activity modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 300 and 309, also 9792.20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

**Decision rationale:** Regarding the request for a pain management consultation in consideration of lumbar facet blocks and radiofrequency rhizotomy, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, the objective examination findings support a diagnosis of facetogenic pain that has not responded to conservative therapy. As such, the currently requested pain management consult is medically necessary.

**Boot cast/walker, right ankle between 7/22/14 and 10/5/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Cast (immobilization)

**Decision rationale:** Regarding the request for boot cast/walker, right ankle between 7/22/14 and 10/5/14, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states immobilization is not recommended in the absence of a clearly unstable joint or a severe ankle sprain. Within the medical information made available for review, there is no documentation of a clearly unstable joint or a severe ankle sprain. In the absence of such documentation, the current request for boot cast/walker, right ankle between 7/22/14 and 10/5/14 is not medically necessary.

**Dilaudid 2mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

**Decision rationale:** Regarding the request for Dilaudid (hydromorphone), California Pain Medical Treatment Guidelines state that Dilaudid is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Dilaudid is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Dilaudid (hydromorphone) is not medically necessary.