

<b>Case Number:</b>	CM14-0164419		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	01/06/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Occupational Medicine, 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:

The injured worker is a 42-year-old female with a date of injury on January 6, 2013. The April 28, 2014 records indicate that she complained of off and on neck pain that radiates from her neck to the right shoulder blade and into her rib cage. The pain was increased when writing or folding laundry and rated her pain as 5-6/10. She also complained of off and on pain in the right shoulder pain that radiates into the ribs. It was increased with writing, folding laundry, lying on her right side, or after sitting for a long time. She rated her pain as 6-7/10. She also complained of off and on low back pain, right greater than left. The pain radiates round the right hip and buttocks. The pain was increased after sitting for a long time and when vacuuming, cooking, or folding laundry. She rated her pain as 6/10. The cervical spine and shoulder examination noted bilateral tenderness and spasms and in the bilateral trapezius. Active range of motion of the cervical spine and right shoulder was limited in all planes. The lumbar spine examination noted tenderness over the right side and right ribs. The range of motion was within normal limits. The supine straight leg raising test only elicited low back pain. The lumbar spine magnetic resonance imaging scan dated February 8, 2013 noted (a) L3-4, 1-2 mm broad-based disc bulge, facet, and ligamentum flavum hypertrophy resulting in bilateral neural foraminal narrowing with the left greater than the right. No canal stenosis was present at this level. (b) L4-5, disc desiccation, disc bulge, and posterior annular tear with 3 mm broad-based disc bulge. Facet and ligamentum flavum hypertrophy is also present at this level. These findings result in moderate left neural foraminal narrowing and severe right neural foraminal narrowing due to right lateral asymmetry of the disc bulge. No canal stenosis present. (c) L5-S1, disc desiccation and 2 mm broad based disc bulge as well as facet arthrosis resulting in bilateral neural foraminal narrowing, left greater than right at this level. No canal stenosis is present. There is right L5 pars interarticularis defect at this level. There is no pars defect on the left. The most recent records dated September 24, 2014 records

that the injured worker reported of a flare-up of her back pain and uses a cane for support. She reported pain in the neck and described tenderness to her neck and upper back area. The pain was increased with activity. With regard to her right shoulder, she reported constant pain that was sharp in intensity. The pain was also noted in the shoulder blade area and she described painful mobility of the shoulder joint. She also complained of constant low back pain with pain on movement of her back. She also noted experiencing spasms on her lower back. She also noted pain to the right hip with burning sensation. The cervical neck examination demonstrated painful range of motion. The right shoulder examination noted tenderness over the right upper trapezius and right rhomboids. The lumbar spine examination noted tenderness over the right greater than left posterior superior iliac spine, lumbosacral region, and right greater than left buttocks. The right hip examination noted generalized tenderness. She is diagnosed with (a) cervical spine sprain/strain with myofasciitis, (b) right shoulder sprain/strain with myofasciitis, (c) right-sided chest wall contusion versus rib fracture, (d) lumbar spine sprain and strain with underlying degenerative disease, and (e) right hip sprain and strain.

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

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

**Follow up appointment due to flare up.:** 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 Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page(s) 127-129 Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Office visits

**Decision rationale:** Per American College of Occupational and Environmental Medicine and Official Disability Guidelines, evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Based on the records received, the intention of the requested follow-up appointment due to flare-up is for a consultation with a pain management specialist to determine if there is a need for lumbar epidural steroid injections. Per Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. The records indicate that the injured worker has undergone initial conservative treatments including rest, activity/work modification, chiropractic treatment, and oral medications but her low back persisted and caused a flare-up based on the most recent records. However, physical examination findings of radiculopathy is not concrete and lumbar magnetic resonance imaging scan dated February 8, 2014 findings do not point out the significant cause of lumbar spine radiculopathy. It is also noted that the injured worker was referred for electromyography /conduction velocity but the results were not found. The

radiculopathy in this case is not well-defined therefore the medical necessity of the requested follow-up appointment due to flare-up is medically necessary.