MAXIMUS Federal Services

Case Number:	CM15-0123099		
Date Assigned:	07/07/2015	Date of Injury:	05/06/2010
Decision Date:	08/26/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 47-year-old female patient, who sustained an industrial injury on 5/06/2010, while employed as a teacher. She reported a fall while on a field trip. The diagnoses include affective spectrum disorder, history of post-concussive injury with development of chronic widespread pain disorder, mood disorder, sleep disorder, history of pelvic/coccygeal contusion, panic disorder, post-traumatic right leg shortening, supraventricular tachycardia, psychological factors affecting a medical condition, cervical and lumbar spondylosis, status post right lateral epicondyle release-improved, and left medial/lateral epicondylitis. Per the doctor's note dated 3/10/2015 she had headaches, dizziness, low back pain, right hip pain, sacral pain, depression, sleep disturbance, urinary and fecal incontinence, and supraventricular tachycardia. Her current work status was total temporary disability. She was receiving multiple medications for anxiety. She had complaints of pain included her cervical spine with radiation to both shoulders, lumbosacral spine with radiation to both lower extremities, and right pelvic and buttock pain; complete urinary and fecal incontinence, along with sleep disturbance and anxiety with panic attacks. The physical examination revealed antalgic gait with right leg shortening; tenderness, guarding and decreased range of motion of the cervical and lumbar spine; positive straight leg raising test; tenderness over the left medial and lateral epicondyle and bilateral supraspinatus tendon, mild decreased range of motion of the left elbow and bilateral shoulder; right groin and greater trochanter tenderness and positive right hip impingement test. Medications list includes Clonazepam, Ativan, Amitriptyline, Omeprazole, Tramadol, Ibuprofen, and Tylenol.She has had Magnetic resonance imaging of the lumbar spine dated 6/8/2010, which revealed multilevel

disc protrusions; Electrodiagnostic studies of the upper extremities dated 1/5/2012, which revealed right C6 radiculopathy and right carpal tunnel syndrome; cervical spine MRI in 2011; Electrodiagnostic studies of the lower extremities, which revealed right L5 radiculopathy. She has had Urological testing which was negative for post void residual by ultrasound; Urine drug screen which was consistent with prescribed medications. She did not have any work-up for her fecal or urinary incontinence. She was documented to have completed colonoscopy with the cause of incontinence noted as obscure. Her past surgical history included right elbow surgery in 2013, radiofrequency ablation procedure for supraventricular tachycardia in 3/2013, bladder suspension surgery in 2004 with sling implant, bladder sling take down in 2005, and vaginal tightening procedure in 1995 requiring revision surgery for urinary obstruction. Treatment to date has included diagnostics, lumbar support, physical therapy, chiropractic, mental health treatment, and medications. Hospitalization was noted in 2/2015 due to a panic attack. She was again hospitalized on 3/09/2015 for severe chest pain and difficulty breathing, with a panic attack. Diagnostic work-up was not included or referenced. The treatment plan included baseline laboratory studies, imaging studies of the hip (shortening with abnormal gait), lumbar magnetic resonance imaging (updated), gastrointestinal specialist (fecal incontinence), and urology specialist (urinary incontinence). Previous progress reports were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline Laboratory Studies: Upheld

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 page 70 Routine Suggested Monitoring.

Decision rationale: Baseline Laboratory Studies. Per the cited guidelines regarding routine blood tests "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The specific type of baseline Laboratory Studies is not specified in the records provided. Any prior laboratory test reports are not specified in the records provided. Without details about type of baseline laboratory studies, the medical necessity of baseline Laboratory Studies is not fully established for this patient. The baseline Laboratory Studies is not medically necessary for this patient.

Images of the right hip: 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), Hips & Pelvis, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hip & Pelvis (updated 08/04/15) Imaging.

Decision rationale: Images of the right hip. Per the ODG guidelines regarding hip imaging, "Hip fracture has significant morbidity and mortality, which worsens as time from injury progresses due to delayed diagnosis. Plain radiographs are usually sufficient for diagnosis as they are at least 90% sensitive for hip fracture. However, in the 3-4% of patients having hip X-ray studies who harbor an occult hip fracture, the physician must choose among several methods for further evaluation. Based on a few, very small studies, CT may not be accurate enough. It is, however, rapidly obtained and may be reasonable to use in some situations, such as high-energy trauma. Bone scanning has its limitations chiefly in its specificity and delayed results. MRI seems to be the modality of choice for the next step in evaluation of select patients in whom plain radiographs are negative and suspicion is high for occult fracture. This imaging is highly sensitive and specific for hip fracture. Even if fracture is not revealed, other pathology responsible for the patient's symptoms may be detected, which will direct treatment plans. (Cannon, 2009) This study highlights the limitations of radiography in detecting hip or pelvic pathologic findings, including fractures, as well as soft-tissue pathologic findings. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. (Kirby, 2010)" Per the records provided patient had right hip pain with significant objective findings-tenderness, positive impingement testing and right lower extremity shortening. However, details regarding which types of imaging requested are not specified in the records provided. Without details about type of images of the right hip, the medical necessity of this request is not fully established for this patient. The images of the right hip are not medically necessary for this patient.

Lumbar Spine MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15) MRIs (magnetic resonance imaging).

Decision rationale: Lumbar Spine MRI. Per the ACOEM low back guidelines cited below "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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Per the records provided patient has already had Magnetic resonance imaging of

the lumbar spine dated 6/8/2010, which revealed multilevel disc protrusions; Electro diagnostic studies of the lower extremities, which revealed right L5 radiculopathy. Per the cited guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per the records provided patient had a history of urinary and fecal incontinence and lumbar radiculopathy. The previous MRI was done more than 5 years ago so there has been a change in clinical status after the previous MRI. The request of Lumbar Spine MRI is medically appropriate and necessary for this patient at this juncture.

Specialist for GI and Urologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 127.

Decision rationale: Specialist for GI and Urologist. MTUS guidelines, per the cited guidelines, "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." Per the records provided patient had urinary and fecal incontinence, and supraventricular tachycardia with history of recurrent chest pain. She has history of multiple surgeries including bladder suspension surgery in 2004 with sling implant, bladder sling take down in 2005, and vaginal tightening procedure in 1995. The request for Specialist for GI and Urologist is medically appropriate and necessary to evaluate her genitourinary and gastrointestinal symptoms at this juncture.