

<b>Case Number:</b>	CM14-0145813		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Family 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 53 year old female who had a work related injury on 08/24/11 due to lifting heavy boxes. Current diagnoses, status post lumbar spine fusion, chronic lumbar spine radiculopathy, status post fusion, discectomy and decompression, advanced dramatic arthritic right hip, status post labrum tear, chronic greater trochanteric bursitis, worse on right than left. Treatments consisted of medication, medical office visits, lumbar spine fusion, discectomy, and decompression. The most recent clinical documentation submitted for review was dated 08/12/14 with complaints of moderate pain in her lumbar spine rated 6/10 with medication and 10/10 without, constant radiating to her gluteus muscles, bilateral hips bilateral lower extremities, primarily to right lower extremity. Electrical like sensation, cramping stabbing sharp pain numbness of right leg with sharp pain, aching and cramping of left leg, and aching and numbness of feet and toes. The injured worker described numbness and tingling cramping she described numbness and tingling, cramping stabbing and electrical like sensations in the lumbar spine accompanied with stiffness and weakness. The injured worker had moderate pain in her right hip at 4-5/10 without with medication left sided hip 2/10 with medication bilateral knees 1/10 with medication physical examination was a well healed 13cm surgical scar in the lumbar spine. Range of motion flexion 50-60 degrees, extension 10-25 degrees, right lateral flexion 15-25 degrees, and left lateral flexion 20-25 degrees. The injured worker had significant weight and was significantly tender to palpation over spinous processes of L4-5. The injured worker had no tenderness to palpation over the paraspinal musculature of lumbar spine and trigger points over bilateral sacroiliac joints, positive sitting and supine straight leg testing bilaterally. Deep tendon reflexes had 2+ responses over the patellar and Achilles tendon. Upon evaluation lower extremities sensation, the injured worker experienced decreased sensitivity over L4 and L5 dermatomes bilaterally, with decreased sensation of sharpness of pinwheel. Diagnosis status post

L4-5 posterior spinal fusion with instrumentation and Transforaminal lumbar interbody fusion on 08/05/14. Chronic lumbar radiculopathy status post fusion of L4-5, discectomy and decompression advanced dramatic arthritis, right hip, status post labral tear and greater trochanteric bursitis chronic right worse than left. Prior utilization review on 08/20/14 was denied. Current request was for CPK, CRP, arthritis panel, Tizanidine 4mg, and neurosurgical consult.

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

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

**CPK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003504.htm>

**Decision rationale:** The request for CPK is not medically necessary. Clinical documentation submitted for review does not support the request. There is no clinical indication that the injured worker has any medical problems that warrant the requested test. Therefore the request is not medically necessary.

**CRP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment; Labs Page(s): 23, 64.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.webmd.com/a-to-z-guides/c-reactive-protein-crp>

**Decision rationale:** The request for CRP is not medically necessary. Clinical documentation submitted for review does not support the request. Sedimentation rate and other inflammatory markers are recommended for screen for signs of systemic inflammation, infection, particularly in assessing patients with possible myofascial pain syndrome in ill-defined pain conditions. There is not sufficient documentation to indicate this test is treatment of current condition. As such the request is not medically necessary.

**Arthritis panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.webmd.com/rheumatoid-arthritis/guide/blood-tests>

**Decision rationale:** The request for arthritis panel antibody levels are recommended to evaluate diagnose chronic pain with suspicion of rheumatological disorders. There is no clinical evidence to indicate this test is test in the treatment of current conditions. As such the request is not medically necessary.

**Tizanidine 4mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** The request for tizanidine 4mg unspecified amount chronic pain treatment guidelines do not recommend long term use of muscle relaxers. There are no muscle spasms documented on physical examination there is no documented functional improvement with any previous use of this clinical records. Guidelines specifically do not recommend muscle relaxers as any more effective than NSAIDs alone. Based on the current guidelines the medical necessity for tizanidine has not been established as medically necessary. There is not sufficient clinical documentation of ongoing neurological deficits that would warrant authorization for this neurosurgical consult. Therefore the request is not medically necessary.

**Neurosurgeon consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Specialist consultations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Office visits

**Decision rationale:** The request for Neurosurgeon consult is not medically necessary. The clinical documentation submitted for review does not support the request. There is not sufficient documentation of neurological deficits to warrant a neurosurgical consultation. Therefore the request is not medically necessary.