MAXIMUS Federal Services

Case Number:	CM13-0015833		
Date Assigned:	06/06/2014	Date of Injury:	07/30/1998
Decision Date:	07/22/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/23/2013

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 69 year old male who sustained injuries to bilateral knees, bilateral upper extremities, and eyes during the course of employment reported on 07/30/98. Current diagnoses include pain in bilateral knee joints and bilateral knee replacements on 05/25/11. The clinical note dated 07/15/13 indicates the injured worker complained of bilateral knee aching, numbness, and night pain in addition to stiffness and aching in his toes. Objective findings include bilateral knees are stable medial laterally, no instability, range of motion was 0 to 130 degrees, and incisions were clean, dry, and intact. X-rays of the bilateral knees showed well positioned implants with no evidence of loosening and central tracking patellae. Treatment plan recommendations include requests for lumbar spine MRI, trial of Neurontin and Lyrica, and weight bearing bone scan/labs, and infection workup. The initial request for one MRI of the lumbar spine, unknown prescription of Neurontin, unknown prescription of Lyrica, one bone scan, knee and leg (acute and chronic), unknown lab testing, and one infection workup was initially non-certified on 08/08/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Magnetic Resonance Imaging (MRI).

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, MRI is not recommended in cases of uncomplicated low back pain, with radiculopathy, until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. 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, and recurrent disc herniation). The clinical documentation fails to establish compelling objective data to substantiate the presence of radiculopathy or neurologic deficit. Additionally, there is no indication that the injured worker has undergone at least one month of conservative treatment. As such, the request for one MRI of the lumbar spine cannot be recommended as medically necessary.

UNKNOWN PRESCRIPTION OF NEURONTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for unknown prescription of Neurontin cannot be recommended as medically necessary.

UNKNOWN PRESCRIPTION OF LYRICA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no indication in the documentation that the injured worker has been diagnosed with fibromyalgia or has objective findings consistent with neuropathic pain. As such, the request for unknown prescription of Lyrica cannot be recommended as medically necessary.

1 BONE SCAN, KNEE AND LEG (ACUTE & CHRONIC): 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) Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Bone densitometry.

Decision rationale: Current guidelines indicate that bone density scans are recommended for selected patients to determine whether osteoporosis is present in individuals of appropriate age and risk factors having an injury including a fracture. However, the clinical documentation fails to provide adequate objective findings to substantiate the request for 1 bone scan, knee and leg (acute & chronic). As such, the request for 1 bone scan, knee and leg (acute & chronic) cannot be recommended as medically necessary.

UNKNOWN LAB TESTING: 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 Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic, Preoperative testing.

Decision rationale: As noted in the Official Disability Guidelines, testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. There is no indication the injured worker has ongoing medical conditions that warrant routine, frequent laboratory monitoring. As such, the request for unknown lab testing cannot be recommended as medically necessary.

1 INFECTION WORK UP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons (AAOS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic, Preoperative testing.

Decision rationale: As noted in the Official Disability Guidelines, testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. There is no indication the injured worker has ongoing medical conditions or signs of infection that warrant evaluation. As such, the request for one infection work up cannot be recommended as medically necessary.