

Case Number:	CM13-0034788		
Date Assigned:	12/11/2013	Date of Injury:	08/24/2011
Decision Date:	01/29/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, 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 physician 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 patient is a 51-year-old male who reported an injury on 08/24/2011. The patient is currently diagnosed with lumbar spine strain, cervical/thoracic spine strain with cervical radiculopathy, rule out internal derangement of the left knee, prior left knee injury 3 years ago, and complaints of depression, anxiety, and sleep difficulty. The patient was seen by [REDACTED] on 09/10/2013. The patient reported 8/10 neck pain, 8/10 low back pain, and 4/10 left knee pain. Physical examination revealed muscle spasm of the trapezius musculature, tenderness along the anterior and medial aspect of the knee, and muscle spasm of the lumbar spine. Treatment recommendations included continuation of current medications, an MRI of the cervical, thoracic, and lumbar spine, as well as the left knee, and an EMG/NCV study of the bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

single positional MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, MRI.

Decision rationale: California MTUS/ACOEM Practice Guidelines state criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. Documentation of neurological signs or symptoms originating in the cervical region or upper extremities other than chronic neck pain was not provided. There are no plain films obtained prior to the request for an MRI. There is also no evidence of a failure to respond to recent conservative treatment prior to the request for an imaging study. Additionally, reports of the original injury did not include any direct trauma to the head or neck, and the patient does not report any new trauma or increased neurological signs or symptoms. Therefore, the medical necessity has not been established. As such, the request is non-certified.

single positional MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG, Low Back Chapter, MRI.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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, including MRI for neural or other soft tissue abnormality. There is no evidence of neurological findings or red flags for trauma, infection, or tumor. The patient's chronic pain has not significantly changed over the last year, and there are no positive neurological findings suggestive of tissue insult or neurologic dysfunction. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

single positional MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, MRI.

Decision rationale: California MTUS/ACOEM Practice Guidelines state most knee problems improve quickly once any red flag issues are ruled out. MRIs are superior to arthrography for both diagnosis and safety reasons. As per the clinical notes submitted, the patient's previous physical examinations indicated normal range of motion of the bilateral knees, and the only positive objective findings reported in recent progress reports have been tenderness along the anterior and medial aspect of the left knee. There are no plain films obtained prior to the request for an MRI. There is also no evidence of a failure to respond to recent conservative treatment prior to the request for an imaging study. In the absence of any recent trauma or positive

orthopedic findings suggestive of meniscal, ligamentous, or osteochondral injury of the knee, an MRI does not appear to be medically necessary at this time. As such, the request is non-certified.

Electromyography (EMG) and nerve conduction velocity (NCV) testing for the upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Electrodiagnostic Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, lasting more than 3 or 4 weeks. As per the clinical notes submitted, there is no evidence of neurologic dysfunction or deficit in the patient's upper extremities. An electrodiagnostic investigation, in the absence of radicular symptoms, cannot be determined as medically necessary. As such, the request is non-certified.

EMG/NCV of the lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the clinical notes submitted, the patient underwent an EMG/NCS on 06/12/2012, which indicated peripheral polyneuropathy secondary to a generalized systemic neuropathic process. Considering the previous EMG/NCV results demonstrated bilateral peripheral neuropathy, and there have been no new symptoms on physical examination, the results from a repeat EMG/NCV of the lower extremities would likely confirm the previous findings and not substantially alter the course of treatment. Therefore, a repeat EMG/NCV study cannot be determined as medically appropriate. As such, the request is non-certified.

Anaprox 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report constant, severe neck pain, low back pain, and knee pain. Satisfactory response to treatment has not been indicated. NSAIDs are not recommended for long-term use. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs & GI Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical notes submitted, the patient does not report any gastrointestinal symptoms, nor does the patient have a history of gastrointestinal complaints, or events that would warrant the use of a proton pump inhibitor. The patient does not currently meet criteria for the use of a proton pump inhibitor. Therefore, the request is non-certified.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain to the neck, lower back, and knee. Satisfactory response to treatment has not been indicated by a decrease in level of pain, increase in level of function, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.