

Case Number:	CM13-0036989		
Date Assigned:	12/13/2013	Date of Injury:	04/30/2010
Decision Date:	04/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 45 year old male with date of injury 04/30/2010. Per the treater's report from 10/01/2013, listed diagnoses are neuritis in T-spine and strain of the knee. The patient had minimal relief for the right cortisone shot, pain to "MJL and LJL" with pivoting. Right knee is giving away more frequently, unable to determine frequency, has not had medications for months. Bilateral knee pains are a 6/10. Patient has paresthesias in the right lower extremity lasting 5 to 10 minutes. The patient walks daily one hour over the course of the day, still increased low back pain with getting in and out of the car. The patient completed 4 sessions of physical therapy with benefit, would like a lumbar epidural steroid injection (ESI) and chiropractic sessions, has not started glucosamine supplements, and has never had an ESI. Examination was positive for decreased sensation in right lower extremity, EHL/PF at 4/5 bilateral lower extremity, negative seated SLR bilaterally, resistive strength bilateral lower extremity 4/5, mild antalgic gait favoring right lower extremity. Recommendation was for x-ray of the right knee, caudal lumbar ESI, 6 sessions of chiropractic, and Proteolin anti-inflammatory supplements. He indicates in the treatment plan that the patient had positive EMG, bilateral L5 and S1 radiculopathy. Treater's report, 06/17/2013, the patient has difficulty with sitting with knee right worse than left side, increased low back pain with getting in and out of car, intermittent paresthesias to right lower extremity and some weakness, declines Hyalgans or epidural at this juncture. Report from 04/08/2013 states that the patient is unable to rate the pain, unable to think due to pain, walks one hour daily, doing houses chores, no complaints of paresthesia at the bilateral lower extremity or denies weakness to bilateral lower extremity. Pain is mostly in the low back. Report from 03/06/2013 has low back pain, no documentation of radiation at the lower extremity. Norco was increased to #120 per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC, L -SPINE 2 X PER WEEK FOR 3 WEEKS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 58-59.

Decision rationale: This patient presents with persistent localized low back pain as well as bilateral knee pains. The treating physician has asked for chiropractic treatment. Review of the reports that include progress reports dating back to 10/19/2012 up to 10/01/2013 by two different physicians, do not show that this patient has had prior chiropractic treatments. MTUS Chronic Pain Guidelines do support chiropractic treatments for chronic low back pain. Guidelines recommend an initial trial of 4 to 6 treatments before considering additional treatments up to 18 sessions with demonstration of functional improvement. In this patient, the request is for 6 sessions. Given the lack of history of prior chiropractic treatments, this request is medically necessary and appropriate

CHIROPRACTIC, RIGHT KNEE 2 X PER WEEK FOR 3 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 58-59.

Decision rationale: This patient presents with bilateral knee pains. The treating physician has asked for chiropractic treatments to address the knee pains. The MTUS Chronic Pain Guidelines state that chiropractic treatments are not recommended for knee conditions. The request is not medically necessary and appropriate

RIGHT KNEE X-RAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: For x-rays, ACOEM Guidelines page 341 outlines the criteria before considering x-rays for fracture to include joint effusion within 24 hours of direct blow or fall, palpable tenderness over the fibular head or patella, inability to walk 4 steps or bear weight, and

inability to flex the knee to 90 degrees. In this patient, none of these criteria are met. There is no concern of fracture as the MRI of the right knee was already obtained previously. The ODG also talks about x-rays for acute trauma to the knee and for non-traumatic knee pain, patellofemoral symptoms, and does state that there should be mandatory minimal initial exam. However, in this patient, the patient has already had an MRI of the right knee as stated. The treater does not document a new injury, new trauma, or new concerns regarding the patient's right knee. The request is not medically necessary and appropriate.

CAUDAL LESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46,47.

Decision rationale: The treating physician has asked for caudal lumbar ESI. However, the patient does not present with any radicular symptoms. The examination showed negative straight leg raise. There was no myotomal or dermatomal distribution of examination findings. MTUS Chronic Pain Guidelines require a diagnosis of radiculopathy defined as pain in dermatomal distribution with corroborated findings of radiculopathy. In this case, the patient does not present with any pain down the lower extremity. Furthermore, despite review of reports from 10/19/2012 to 10/01/2013, there was no reference to an MRI of the lumbar spine. A 10/19/2012 report states that the low back pain is "primarily localized" and the treater states that MRI of the lumbar spine can be considered. None of the reports reviewed show radiating pain down the lower extremity but has localized pain in the low back. The request is not medically necessary and appropriate.

PROTEOLIN ANTI FLAMMATORY SUPPLEMENT 1 TAB TID # 90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: AETNA Guidelines (<http://www.aetna.com/employer-plans/document-library/forms/2014-CA-SG-Formulary-Guide.pdf>).

Decision rationale: The treating physician has prescribed Proteolin antiinflammatory supplement. Proteolin appears to be a proprietary formulation of antiinflammatory and immunomodulatory peptides that include hyperimmune milk protein concentrate, curcuminoids, proteolytic enzymes, and piperine. The MTUS, ACOEM, and ODG Guidelines do not discuss this supplement product. The AETNA Guidelines do discuss Proteolin products and states that this is a Tier 3, non-preferred drug which means that it is not covered through AETNA and members pay the highest cost for this drug in this level. The treating physician does not provide medical evidence for efficacy of this particular supplement. There is a lack of discussion

regarding this specific supplement . Given the lack of current medical evidence demonstrating efficacy of this product for chronic pain, the request is not medically necessary and appropriate