

Case Number:	CM13-0051680		
Date Assigned:	12/27/2013	Date of Injury:	05/13/2010
Decision Date:	03/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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:

This patient is a 46-year-old female with date of injury on 05/13/2010. Per report on 08/27/2013, [REDACTED], presenting symptoms of headaches, neck pain with radiation of the upper back, low back pain, bilateral lower extremity pains with numbness and tingling sensation, stiffness, anxiety, and difficulty falling asleep due to sleep interruption. This report summarizes some diagnostics. EMG studies were normal from 04/23/2013. On 04/09/2013, CT scan of the C-spine showed cervical fusion with screws seen at C5-C7 vertebral bodies with possible loosening of the screw at C7 level. On 04/09/2013, CT scan of the lumbar spine showed central disk protrusion at L5-S1 with possible left paracentral disk extrusion. On 07/25/2013 report is by [REDACTED] [REDACTED] is an EMG/NCV studies report of the lower extremity and the findings were normal. On 06/26/2013 report by [REDACTED] states that the patient went back to work as a supervisor, has interrupted sleep due to pain and anxiety, chiropractic treatments were beneficial that are rendered at this facility. Listed medications are omeprazole 20 mg twice a day for GI problems, capsaicin gel 60 g for pain, Xanax 0.5 mg once at bedtime, and Tylenol. The patient was to continue with chiropractic evaluation treatment to the lumbar spine once a week for 4 weeks. The patient was to continue interferential unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

referral to an orthopedic specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127..

Decision rationale: This patient presents with chronic neck pain with history of cervical fusion at C5-C7, chronic low back pain with MRI showing disk herniation at L5-S1, gastritis due to NSAIDs, anxiety, and insomnia disorders. There is a request for orthopedic consultation to address the patient's left knee problems. However, reports reviewed from 04/30/2013, 05/28/2013, 06/26/2013, 07/25/2013, 08/27/2013, and 08/17/2013 authored by [REDACTED], do not mention any problems with the patient's knee. Utilization review letter on 11/04/2013 has denied the request stating that there is no reference to left knee issues prior to 09/10/2013 and has not undergone any specific treatments for the left knee issues. Without documentation of left knee pain, examination findings, concerns raised regarding left knee, the request for orthopedic consultation cannot be considered medically necessary. While ACOEM Guidelines allow for specialist consultations, in this case, there is no discussion regarding the left knee, what has been done to treat the knee, and why an orthopedic specialist evaluation is required. Recommendation is for denial.

MRI of the left knee: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342.

Decision rationale: This patient presents with neck pain with history of two levels cervical fusion. The patient has pain in the low back with radiating symptoms down the lower extremities. The request for MRI of the left knee was denied by utilization review on 11/04/2013 stating that initially x-ray should be done with examination showing no specific internal derangement. Despite the reviews of reports from 04/30/2013 to 09/27/2013 by 4 different physicians, there is not a single mention of left knee problems. Without documentation regarding the left knee, one cannot determine medical necessity of the requested MRI of the left knee. ACOEM Guidelines do not recommend special studies until a period of conservative care and observation. When reading the Guidelines, it lists various different indications for imaging including suspicion of internal derangement. In this case, there is no suspicion of internal derangement as none of the reports provided discussed left knee problems. Recommendation is for denial.

Toradol intramuscular injection provided on 9/10/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: This patient presents with chronic neck pain with history of cervical fusion at multiple levels. The patient presents with persistent chronic low back pain as well with radiation into the lower extremities. MRI of the lumbar spine demonstrated disk herniation at L5-S1. There is a request for Toradol injection. None of the reports reviewed from 04/30/2013 to 08/27/2013 by 4 different physician mentioned Toradol injection request. Toradol (ketorolac) is an NSAID, sometimes used in injectable forms. MTUS Guidelines state that ketorolac 10 mg is not indicated for minor or chronic painful conditions. Recommendation is for denial as Toradol is not recommended for minor or chronic painful conditions. This patient presents with chronic painful conditions.