

Case Number:	CM13-0071755		
Date Assigned:	01/08/2014	Date of Injury:	04/02/2013
Decision Date:	06/05/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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 Internal 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 patient is a 51-year-old female who was injured on 04/02/2013. She tripped over an IV pole cord, causing her to stumble onto her right knee and she caught herself on the base of the x-ray machine. She states she felt instant pain in her lower back and right knee. She carries a diagnosis heart disease with history of stenting, right knee prepatellar bursitis, cervical spine sprain/strain, bilateral upper extremities with radiculopathy, and lumbar spine sprain/strain status post fusion in 1993. The prior treatment has included physical therapy, acupuncture, amitramadol cream and cyclo-keto-lido ultra cream. The medications have also included metoprolol, Xanax, Effient, aspirin, Tylenol, Norflex and Norco as of note dated 4/2/13. The diagnostic studies include a nerve conduction study (NCS) on 9/5/13, which demonstrated left and right median nerve pathology. No other imaging studies were provided in the records. A clinic note dated 04/02/2013 indicates that the patient complains of lumbar pain that is dull and moderately severe in nature. An examination of the thoracolumbar spine and/or adjacent tissues reveals 8-inch surgical scar that is the length the lumbar spine. Examination of the thoracolumbar region reveals no evidence of erythema, ecchymosis, swelling and masses. Examination of the left knee reveals no evidence of erythema, ecchymosis, scars, swelling or masses, deformities and open wounds. The right knee reveals no evidence of erythema, ecchymosis, scars, swelling, masses, deformities and open wounds. The patient has an abnormal gait due to the knee. The patient has normal posture. There is no weakness of the lower extremities. The spine is not kyphotic. The patient does not have scoliosis. The patient has no loss of lumbosacral lordosis. The pelvis is symmetrical. There are spasms of the paravertebral musculature. There is tenderness of the thoracolumbar musculature. The Patrick Faber test for pathology of the sacroiliac joint is negative. The extensor hallucis longus test is negative. There is no restriction of range of motion of the back flexion with the fingertips approximating the ankles. She is able to perform heel/toe

ambulation without difficulty. The bilateral patellar and Achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raise test is negative. The back muscles appear to have weakness and back flexion is weakened along with back extension is weakened. The left patellar and Achilles deep tendon reflexes are 2/4; sensation is intact to light touch and pinprick in all dermatomes of the left lower extremity; right patellar and Achilles deep tendon reflexes are 2/4. Sensation is intact to light touch and pinprick in all dermatomes of the right lower extremity. There is no asymmetry of the left quadriceps. There is no asymmetry of the right quadriceps. There is no atrophy of the left quadriceps. There is no atrophy of the right quadriceps. The diagnoses are sprain/strain of the right knee/leg and lumbar sprain/strain. The progress report (PR-2) dated 11/27/2013 states that the patient presents with complaints of cervical spine pain for which she has been referred to pain management as the patient continues to have pain despite eighteen (18) sessions of physical therapy and twelve (12) sessions of acupuncture therapy. She also continues to have pain in the lumbar spine status post fusion. A CT scan is ordered of the lumbar spine to rule out ID. She continues to have right knee pain and left knee pain. She has gained twenty-four (24) lbs since her injury occurred on 04/02/2013 and will refer to Internal Medicine. The diagnoses are right knee medial meniscus tear (MMT) prepatellar bursitis, cervical spine sprain/strain bilateral upper extremities radiculopathy; lumbar spine sprain/strain status post fusion in 1993; and left knee compensating pain. The plan is the patient will be referred to Internal Medicine for weight gain and to Pain Management for the cervical spine pain. The patient weighed 178 lbs in April 2013 since the injury occurred. Her weight at this visit is 202 lbs. The patient has had physical therapy with only mild relief of pain and positive MRI findings of the right knee and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that 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 (MRI for neural or other soft tissue and CT for bony structures). In this case, the most recent progress reports indicate that the patient continues to have lumbar spine pain. There is no documentation that the patient experiences neurologic symptoms associated with the back pain. Furthermore, the notes document that the patient has no gross abnormality on inspection such as scoliosis or infection, has normal strength, sensation, and reflexes on neurologic exam. The patient was diagnosed with lumbar sprain/strain. It appears that the pain was not improving despite conservative measures with pain medication and physical therapy. In this case, an appropriate first step would be to obtain an x-ray of the spine. If necessary, either an MRI or CT scan might be indicated subsequently, depending on the x-ray findings and if the patient continues to have symptoms. Thus, the medical necessity for CT of the lumbar spine has not been established and the request is non-certified.

CONSULTATION WITH INTERNAL MEDICINE FOR WEIGHT GAIN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM Guidelines, 2nd Edition, Chapter 7, Independent Medical Examination and Consultation, , 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 7- INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 503.

Decision rationale: The ACOEM Guidelines indicate that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The progress report dated 11/21/2013 indicates that the patient has gained twenty-four (24) lbs since the injury occurred on 04/02/2013. It was noted that the patient's weight was 178 lbs in April 2013 and current weight was 202 lbs. Weight gain can have a multitude of causes, including depression, anxiety, diet, activity level, medications, and/or underlying medical conditions such as hypothyroidism or cushings disease. A basic work up including a detailed history of weight gain, physical exam, and laboratory tests including comprehensive metabolic panel (CMP), complete blood count (CBC), and thyroid stimulating hormone (TSH) should be performed. Since the patient has a documented twenty (20) pound weight gain, it would be reasonable to refer the patient to an Internal Medicine consultant for further work up and management, thus, the request for consultation with internal medicine for weight gain is medically necessary and certified.

SPECIALIST REFERRAL PAIN MANAGEMENT, CERVICAL SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 7- INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 503.

Decision rationale: The ACOEM Guidelines indicate that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, there is documentation that the patient continues to have cervical spine pain despite eighteen (18) sessions of physical therapy (PT) and

twelve (12) sessions of acupuncture. The patient is also documented to have taken multiple pain medications including acetaminophen, tylenol and norco, in addition to the muscle relaxant norflex, without significant improvement. Lastly, the patient was being considered for steroid injection, but since she is on Effient and ASA, this was deferred. Given the complex nature of the patient pain in this case, the request for specialist referral pain management for the cervical spine is medically necessary and appropriate.