

Case Number:	CM14-0005177		
Date Assigned:	01/24/2014	Date of Injury:	11/28/2012
Decision Date:	06/27/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/14/2014

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 Occupational 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 52-year-old male who has submitted a claim for ankle sprain, lumbar sprain, internal derangement of the knee, knee sprain, and inguinal hernia associated with an industrial injury date of November 28, 2012. Treatment to date has included home exercise program, 24 sessions of physical therapy, acupuncture, and medications such as, Norco, Tylenol, and Voltaren gel. Medical records from 2012 to 2014 were reviewed. The patient has complaints of left knee pain, rated 5 to 6/10 in severity, and instability aggravated upon walking. The pain was worse early in the morning, when getting dressed, and prolonged sitting; pain was alleviated upon resting and changing position. The patient experienced constant, moderate, and burning pain at the left ankle radiating up the leg, accompanied by tingling and numbness. The patient also had complaints of low back pain, rated 5 to 6/10. Paraspinal tenderness was evident at the lumbar spine. Physical examination of the left knee revealed tenderness at the lateral inferior patella, range of motion zero to 120 degrees, mild crepitus, no laxity, with mild valgus deformity. Examination of the left ankle revealed generalized tenderness at the lateral malleolus, dorsiflexion to 30 degrees, plantar flexion to 40 degrees, no crepitus, and no laxity. Inguinal examination revealed tenderness, however, the Valsalva maneuver was questionable. Utilization review from December 16, 2013 denied the requests for MRI of the lumbar spine, thoracic spine, left knee; x-ray of the lumbar spine, thoracic spine; CT scan of the left ankle and a general surgeon consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, MRI

Decision rationale: According to the ACOEM Practice Guidelines, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, the Official Disability Guidelines recommends an MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least one month of conservative therapy, sooner if severe or progressive neurologic deficit. In this case, patient complained of low back pain, rated 5 to 6/10 in severity. However, medical records submitted for review failed to document comprehensive examination pertaining to the lumbar spine. Recent progress notes only revealed paralumbar tenderness. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Furthermore, a progress report from October 18, 2013, cited that patient underwent an x-ray of the lumbar spine; however, results were undisclosed. Therefore, the request is not medically necessary.

MAGNETIC RESONANCE IMAGING (MRI) OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, MRI

Decision rationale: According to the ACOEM Practice Guidelines, imaging of the thoracic spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, the Official Disability Guidelines recommends an MRI for uncomplicated back pain, with radiculopathy, after at least one month of conservative therapy. In this case, patient complained of low back pain, however, there was no documentation concerning pain complaints at the upper back area. There was no available comprehensive examination pertaining to the thoracic spine. There is likewise no evidence of new injury or trauma to the spine which may warrant diagnostic imaging. Therefore, request is not medically necessary.

MAGNETIC RESONANCE IMAGING (MRI) OF THE LEFT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): SPECIAL STUDIES, table 13-5.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI

Decision rationale: According to the ACOEM Practice Guidelines an MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, the Official Disability Guidelines criteria includes significant trauma to the knee, suspect dislocation; non-traumatic knee pain and initial plain radiographs either non-diagnostic or suggesting internal derangement. In this case, patient underwent an MRI of the left knee, dated April 4, 2013, which showed possible insufficiency fracture of the tibial spine versus degenerative changes. A computed tomography (CT) scan of the left knee was recommended for correlation; it was accomplished on October 11, 2013, revealing no acute osseous abnormality. An x-ray of the left knee, dated November 21, 2013, revealed normal findings. Despite conservative therapy, the patient still had complaints of persistent left knee pain, rated 5 to 6/10 in severity, and episodes of instability, aggravated upon walking. The pain was worse early in the morning, and in prolonged sitting. A physical examination of the left knee revealed tenderness at the lateral inferior patella, range of motion zero to 120 degrees, mild crepitus, no laxity, with mild valgus deformity. Given that patient still had activity limitations with episodes of knee instability despite physical therapy, and recent x-ray was non-diagnostic, a repeat MRI may be reasonable at this time. Therefore, the request is medically necessary.

COMPUTED TOMOGRAPHY (CT) OF LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FOOT AND ANKLE SECTION, CT SCAN

Decision rationale: The ACOEM Practice Guidelines state that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, like a magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. In addition, the Official Disability Guidelines state that CT scan provide excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. In this case, patient underwent an MRI of the left ankle, dated April 4, 2013, showing possible fracture of the head of the lateral malleolus. An x-ray of the left ankle, dated November 21, 2013, was essentially normal. The patient experienced constant, moderate, and burning pain at the left ankle radiating up the leg, accompanied by tingling and numbness. Physical examination revealed generalized tenderness at the lateral malleolus, and minimal restriction in motion. However, there were no crepitus or laxity noted. There is no

worsening of subjective complaints and objective findings that may warrant further investigation by utilizing a CT scan. Furthermore, a CT scan of the left ankle was already accomplished on August 6, 2013, revealing no evidence of fibular head fracture. There is no documented rationale for a repeat imaging at this time. The medical necessity has not been established. Therefore, the request is not medically necessary.

X-RAY OF LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The ACOEM Practice Guidelines state that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Although, it may be appropriate when the physician believes it would aid in patient management. In this case, patient complained of low back pain, rated 5 to 6/10. However, there is no comprehensive physical examination of the lumbar spine that may warrant further diagnostic study. Recent progress reports only showed presence of paralumbar tenderness. There is no evidence of new injuries that may support utilization of x-rays. Therefore, the request is not medically necessary.

XRAY OF THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The ACOEM Practice Guidelines state that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Although, it may be appropriate when the physician believes it would aid in patient management. In this case, patient complained of low back pain, however, there was no documentation concerning pain complaints at the upper back area. There was no available comprehensive examination pertaining to the thoracic spine. There is likewise no evidence of new injury or trauma to the spine which may warrant diagnostic imaging. Therefore, the request is not medically necessary.

GENERAL SURGEON CONSULTATION FOR HERNIA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

Decision rationale: According to the ACOEM Practice Guidelines, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, inguinal examination revealed tenderness, however, the Valsalva maneuver was questionable. A progress report from November 8, 2013 revealed that the patient underwent inguinal ultrasound, however, results were undisclosed. Moreover, there is no comprehensive documentation concerning subjective complaints and objective findings that may warrant referral to a specialist. The medical necessity has not be established. Therefore, the request is not medically necessary.