

Case Number:	CM14-0011492		
Date Assigned:	02/21/2014	Date of Injury:	11/05/2007
Decision Date:	07/11/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/28/2014

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 Physical Medicine & Rehabilitation, 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 61-year-old male who has filed a claim for lumbar stenosis associated with an industrial injury date of November 05, 2007. A review of progress notes indicates continued left knee pain with intermittent swelling. The patient also complains of low back pain radiating into the left buttock and down the leg. Findings of the left knee include moderate effusion; diffuse soft tissue swelling; tenderness of the medial and lateral joint lines, and over the patellar tendon; crepitus with motion; and positive McMurray's medially and laterally. Regarding the low back, findings include tenderness and spasms, positive straight leg raise test bilaterally, decreased sensation of the left thigh and calf, decreased motor strength of the left quadriceps and ankle, and decreased left patellar reflex and ankle jerk. The patient has an antalgic gait. Lumbar MRI (magnetic resonance imaging) from 3 years ago, date unspecified, showed L5-S1 bilateral neuroforaminal stenosis. X-ray of the left knee, date unspecified, showed mild tricompartmental osteoarthritis. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), gabapentin, opioids, zolpidem, knee bracing, steroid injections to the knee, and lumbar epidural injections. Patient had anterior cruciate ligament (ACL) reconstruction and quadriceps tendon repair on the left. A Utilization review from January 22, 2014 denied the requests for MRI of the left knee and MRI of the lumbar spine as the indications for MRI have not been met; psychiatric treatment as the patient has poorly documented psychiatric abnormalities; and pain management as there is no documentation that diagnostic and therapeutic management has been exhausted by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT KNEE: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter, MRIs (magnetic resonance imaging).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, knee MRIs (magnetic resonance imaging) are recommended in patients with acute trauma to the knee with suspicion of posterior knee dislocation or ligament or cartilage destruction; non-traumatic knee pain with initial non-diagnostic radiographs with anterior patellofemoral symptoms and suspicion of internal derangement, or with normal findings or joint effusion and suspicion of internal derangement; or non-traumatic knee pain with initial radiographs demonstrating evidence of internal derangement. In this case, the patient had a previous left knee x-ray, date unspecified, which showed mild tri-compartmental osteoarthritis. However, the patient's current condition is suggestive of medial and lateral meniscal tear. A left knee MRI is advisable to better assess the condition of the knee, to further guide therapy. Therefore, the request for MRI of the left knee is medically necessary.

MRI OF THE LUMBAR SPINE: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, lumbar MRIs (magnetic resonance imaging) are recommended in patients with lumbar spine trauma with neurological deficit or seatbelt fracture; uncomplicated low back pain with suspicion of cancer or infection, with radiculopathy after one month conservative therapy or sooner if severe or progressive neurologic deficits, with prior lumbar surgery, or with cauda equina syndrome; or myelopathy -- traumatic, painful, sudden onset, stepwise progressive or slowly progressive, and infectious disease or oncology patient. In this case, the patient had a lumbar MRI three years ago that showed L5-S1 bilateral neuroforaminal stenosis. The limited documentation does not describe any significant worsening of symptoms, or of the indications as stated above. There is insufficient information to warrant a repeat lumbar MRI at this time. Therefore, the request for MRI of the lumbar spine is not medically necessary.

PSYCHIATRIC TREATMENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pgs 127 and 156.

Decision rationale: As stated in the MTUS/ACOEM Independent Medical Examinations and Consultations Guidelines, 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. In this case, the limited documentation does not provide any information regarding the patient's psychiatric condition. Additional information is necessary to support this request. Therefore, the request for psychiatric treatment is not medically necessary.

PAIN MANAGEMENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pgs 127 and 156.

Decision rationale: As stated in the MTUS/ACOEM Independent Medical Examinations and Consultations Guidelines, 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. In this case, there is no documentation regarding the rationale for a pain management consultation. There is no documentation describing failure of current therapy, modification of current therapy, or other factors complicating the patient's treatment course to support the necessity of this request. Therefore, the request for pain management is not medically necessary.