

Case Number:	CM14-0013105		
Date Assigned:	06/20/2014	Date of Injury:	11/30/2013
Decision Date:	08/05/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/01/2014

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, 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:

The patient is a 50 year old female with date of injury 11/30/13. The treating physician report dated 12/30/13 indicates that the patient presents with history of a chronic repetitive injury affecting the lower back with radiation into the buttocks, thighs, calves, between the shoulder blades, feet and toes. The pain is described as constant and moderate and is increased with physical activities. Additional complaints of left elbow pain, bilateral wrist pain, bilateral knee pain, bilateral ankle pain and problems with breathing. The current diagnoses are: 1. Lumbosacral musculoligamentous strain/sprain with radiculitis, rule out disc protrusion. 2. Left shoulder s/s and impingement syndrome. 3. Left elbow s/s and lateral epicondylitis. 4. Bilateral knee internal derangement and severe DJD. 5. Bilateral ankle s/s. 6. Breathing problems, rule out industrial causation. The utilization review report dated 1/15/14 denied the request for MRI lumbar, x-ray both knees, EMG bilateral lower extremities, NCV bilateral lower extremities, Interferential unit, Hot and Cold unit, cane, Consultation with toxicologist, Consultation with orthopedic surgeon for total knee arthroplasty specialist, bilateral knee injection, PT 2x6, Naproxen, Fluriflex and Omeprazole based on lack of medical necessity, MTUS guidelines and lack of review of prior medical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, bilateral legs, bilateral knees, bilateral wrists, bilateral ankles, left elbow and difficulty breathing. The current request is for MRI of the lumbar spine. Review of the examination findings from the treating physician state, "SLR is to 90 degrees bilaterally. There is tenderness and spasm elicited on palpation of the paralumbar and gluteal musculature. The Achilles and patellar reflexes are decreased to 1+ bilaterally. Motor strength is 4/5 of the knee flexors and extensors." In reviewing the treating physician's initial report the patient presents with radicular symptoms but it has only been a month. Conservative treatments have not been completed yet and there are no red flags such as progressive weakness, bowel/bladder symptoms or other neurologic deficits. No specific nerve root compromise is identified on examination. The ACOEM Guidelines do not recommend MRI of the lumbar spine in the absence of "unequivocal objective findings that identify specific nerve compromise on neurologic examination." In this patient, no such evidence is present. Recommendation is for denial.

X-RAY OF BOTH KNEES: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, bilateral legs, bilateral knees, bilateral wrists, bilateral ankles, left elbow and difficulty breathing. The current request is for x-ray of bilateral knees. Examination findings include patella tenderness, decreased range of motion, positive patella femoral grinding and positive McMurray tests. The ACOEM Guidelines state that x-rays are supported for palpable tenderness over the fibular head or patella. Recommendation is for authorization.

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES:
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), Treatment Index 9th Edition 2011.

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

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, bilateral legs, bilateral knees, bilateral wrists, bilateral ankles, left elbow and difficulty breathing. The

current request is for EMG of the bilateral lower extremities. The treating physician states that the patient was previously seen by her private physician and that the physician ordered diagnostic studies, prescribed medication, started a course of PT and acupuncture. There is nothing to indicate that any of these requests were initiated. The ACOEM guidelines state that EMG may be useful to identify neurological dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Recommendation is for authorization.

NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG) online Low Back Chapter.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, bilateral legs, bilateral knees, bilateral wrists, bilateral ankles, left elbow and difficulty breathing. The current request is for NCV of the bilateral lower extremities. The MTUS Guidelines do not address electrodiagnostic studies (EDS). The ODG Guidelines states, "EDX testing should be medically indicated to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy." The treating physician initial report has documented complaints of bilateral leg pain and has requested NCV of the bilateral lower extremities which is supported by ODG. Recommendation is for authorization.

BILATERAL KNEE INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, bilateral legs, bilateral knees, bilateral wrists, bilateral ankles, left elbow and difficulty breathing. The current request is for bilateral knee injection. The treating physician states in his initial report, "She would also benefit from bilateral knee steroid injections." The MTUS guidelines do not address cortisone injections of the knee. The ODG guidelines state that they are recommended when there is documentation of severe OA of the knee, pain and 5/9 criteria factors. In this case the treating physician has only documented 2 of the required 5 factors (Bony tenderness and over 50 years of age). The criteria as set forth in the ODG guidelines were not met in this case for cortisone injections of the knees. Recommendation is for denial.

INTERFERENTIAL UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, bilateral legs, bilateral knees, bilateral wrists, bilateral ankles, left elbow and difficulty breathing. The current request is for interferential (IF) unit. The treating physician's initial report states, "She was prescribed Fluriflex, TGHot, Naproxen, Omeprazole, an IF unit, Hot/Cold therapy unit, and cane." There is nothing in the report to indicate that the patient is being prescribed a one month trial or that the patient has received IF treatment that was applied by a physician or provider that was proven to be effective. The MTUS Guidelines do not recommend IF as an isolated intervention and if the therapy is to be used then a one month trial is recommended after effective documentation of usage as provided by the physician or provider occurs. There is no documentation provided to support the request for an IF unit purchase and the request does not specify that a 30 day trial is being requested. Recommendation is for denial.

HOT AND COLD UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Aetna Guideline Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold Number: 0297

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, bilateral legs, bilateral knees, bilateral wrists, bilateral ankles, left elbow and difficulty breathing. The current request is for Hot and Cold unit. The treating physician does not provide any supporting documentation for this request other than stating that the patient would benefit from a Hot/Cold therapy unit. There is nothing provided in the report to indicate what body part this unit is for or the frequency or duration of usage. The ACOEM, MTUS and ODG Guidelines do not address Hot and Cold therapy units. The AETNA policy for Hot/Ice machines indicate that they are experimental and investigational because they have-not been proven to offer clinically significant benefits over standard cryotherapy with ice packs and there are no studies evaluating its use as a heat source. Recommendation is for denial.

CANE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG) Knee chapter.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, bilateral legs, bilateral knees, bilateral wrists, bilateral ankles, left elbow and difficulty breathing. The current request is for a cane. The treating physician has documented that the patient has bilateral severe bilateral knee DJD. The MTUS Guidelines do not address the usage of a cane. The ODG Guidelines recommend the usage of a cane and states, "Contralateral cane placement is the most efficacious for persons with knee osteoarthritis." Recommendation is for authorization.

CONSULTATION WITH TOXICOLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence

for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialty referral. Chapter 7, page 127.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, bilateral legs, bilateral knees, bilateral wrists, bilateral ankles, left elbow and difficulty breathing. The current request is for consultation with Toxicologist. The treating physician notes in the initial report that, "She was also constantly exposed to dust and fumes from charcoal grills. She also complained of problems breathing." The treating physician does not provide any information in the conclusion of the report indicating the need for referral for a toxicology consultation. The ACOEM Guidelines state that referral to a specialist may be indicated 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 the treating physician does not indicate why specifically a toxicology consultation is required. For the patient's breathing complaints lung studies, or pulmonary consult may be appropriate but it is not known what toxic evaluation is to be obtained regarding "dust and fumes" from charcoal grill. Recommendation is for denial.

CONSULTATION WITH ORTHOPAEDIC SURGEON FOR TOTAL KNEE ARTHROPLASTY SPECIALIST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialty referral. Chapter 7, page 127.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, bilateral legs, bilateral knees, bilateral wrists, bilateral ankles, left elbow and difficulty breathing. The current request is for consultation with an orthopaedic surgeon for total knee arthroplasty specialist. The treating physician notes that the patient has x-ray findings of the knees showing compartment narrowing, loose bodies and severe DJD bilaterally. The treating physician has documented that the patient may require total knee arthroplasty and referral for a specialist is required to aid in the treatment of this patient. The ACOEM guidelines support referral to a specialist when additional expertise is required. Recommendation is for authorization.

PHYSICAL THERAPY EVALUATION AND TREATMENT OF THE LUMBAR SPINE, LEFT SHOULDER, LEFT ELBOW, AND BILATERAL KNEES 2 TIMES PER WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, bilateral

legs, bilateral knees, bilateral wrists, bilateral ankles, left elbow and difficulty breathing. The current request is for physical therapy evaluation and treatment of the lumbar spine, left shoulder, left elbow and bilateral knees 2x6. The MTUS guidelines support PT for myalgia and neuritis type conditions for 8-10 sessions. The treating physician has not documented any rationale why the patient requires PT care above what MTUS recommends. Recommendation is for denial.

PRESCRIPTION OF FLURIFLEX 180 GRAMS, "TG HOT 180 GRAMS": Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, bilateral legs, bilateral knees, bilateral wrists, bilateral ankles, left elbow and difficulty breathing. The current request is for Fluriflex 180 grams and TG Hot 180 grams. Fluriflex is a compound of Flurbiprofen 15%/Cyclobenzaprine 10%. Fluriflex is not in accordance with MTUS. MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states Baclofen and other muscle relaxants are not recommended as a topical product. The muscle relaxant Cyclobenzaprine component of the topical Fluriflex is not recommended, so the Fluriflex is not recommended. There is no discussion of what medications the "TGHot cream" is composed of. Medical Necessity has been defined under LC4610.5(2) as treatment in accordance with MTUS. Since components of TGHot are unknown, it cannot be compared against MTUS criteria, and therefore cannot be confirmed to be in accordance with MTUS. This does not meet the definition of medically necessary. Recommendation is for denial.

PRESCRIPTION OF NAPROXEN 550MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 61; 22; 67, 68.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, bilateral legs, bilateral knees, bilateral wrists, bilateral ankles, left elbow and difficulty breathing. The current request is for Naproxen 550mg #60. The MTUS guidelines support NSAIDS for the treatment of osteoarthritis which this patient has been diagnosed with. Recommendation is for authorization.

PRESCRIPTION OF OMEPRAZOLE 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, bilateral legs, bilateral knees, bilateral wrists, bilateral ankles, left elbow and difficulty breathing. The current request is for Omeprazole 20mg #60. There is no information in the treating physician's initial report to indicate that the patient is suffering with any gastric side effects. The MTUS guidelines support the use of Omeprazole for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The physician in this case has not documented that the patient has any G/I symptoms. Recommendation is for denial.