

Case Number:	CM14-0119084		
Date Assigned:	08/06/2014	Date of Injury:	09/06/2013
Decision Date:	09/17/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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 and Rehabilitation, Pain 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 injured worker is a 48-year-old female who reported injury on 09/06/2013 due to a fall. The injured worker has diagnoses of lumbar disc herniation 5.4 mm at the L4-5, myospasm, right knee pain, left shoulder tendinitis. Past medical treatment for the injured worker includes chiropractic therapy, medication therapy. Medications include Anaprox DS 550 mg, Fioricet 40 mg, Motrin 800 mg, Prilosec 20 mg, Soma 350 mg, Ultram 50 mg, Zanaflex 4 mg, Medrol 4 mg, Banalg 60 mg, Depocaine 350 mg and Trilafon 60 mg. The injured worker is awaiting surgery for her right knee. The injured worker underwent an NCV of the bilateral upper extremity on 03/07/2014. The injured worker also underwent a drug screen on 07/21/2014. Results revealed that the injured worker was in compliance with her prescription medications. The injured worker complained of low back pain which she rated at an 8/10. Physical examination dated 07/15/2014 revealed that the injured worker had tenderness to palpation to the lumbar spine with restricted range of motion. There was also tenderness to the posterior left shoulder with positive Apley's scratch test. There was tenderness to the right knee with limited range of motion. The treatment plan is for the injured worker to undergo an MRI of the right knee, a urine drug screen, and an NCV of the lower extremities. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right 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 MRI's Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

Decision rationale: The request for MRI right knee is not medically necessary. The injured worker complained of low back pain which she rated at an 8/10. The California MTUS/ACOEM Guidelines recommend the use of MRI when there is unequivocal objective findings that identify specific disorders when soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Official Disability Guidelines state that MRI is being used with increasing frequency and seems to have become more popular as a screening tool rather than as an adjunct to narrow specific diagnoses or plan operative interventions. This study suggests that many of the pre-referral foot or ankle MRI scans obtained before evaluation by a foot and ankle specialist is not necessary. MRIs should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Given the above, the injured worker is not within the California MTUS/ACOEM or within Official Disability Guidelines. The submitted progress note dated 07/15/2014 lacked any quantified evidence of neurological dysfunctions, range of motion, or motor strength deficits that the injured worker might have had. The injured worker had no evidence of any soft tissue deficits or any nerve dysfunctions. There was no documentation that the injured worker had any sensory loss to light touch or pinprick. Furthermore, there were no suggestive findings of significant pathology, to include tumor or infection. As such, there is no medical necessity for an MRI for the right knee. Given the above, the request for an MRI is not medically necessary.

Urine Drug Screen:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for Urine Drug Screen is not medically necessary. The Medical Treatment Utilization Schedule (MTUS) guidelines state using a urine drug screen to assess for the use or the presence of illegal drugs is recommended as an option. Drug screens are one of the steps used to take before a therapeutic trial of Opioids and on-going management of opioids. They are also used to differentiate dependence and addiction. The injured worker is being prescribed opioids and periodic quantitative drug screens to monitor prescription medication compliance and/or potential substance abuse, which is guideline supported. However, the medical necessity for quarterly urine drug screening in the injured worker was not documented. The frequency of a urine drug screen exceeds the recommendations of current evidence based guidelines. Guidelines also state that patients at low risk of addiction, aberrant behavior, should be tested within 6 months of initiation of therapy, and on a yearly basis thereafter. There was no

reason to perform conformity testing unless a test was inappropriate or there were unexpected results. If required, conformity testing should be for the questioned drugs only. There was a submitted urinalysis dated on 07/21/2014 revealing that the injured worker was in compliance with the MTUS. As such, the request for a urine drug screen is not medically necessary.

Nerve Conduction Velocity (NCV) Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Chapter Low Back Chapter Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for Nerve Conduction Velocity (NCV) Lower Extremities is not medically necessary. ODG guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There was no documentation of peripheral neuropathy condition that existed in the bilateral lower extremities. Management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. There was no documented evidence showing that the injured worker had any equivocal/no diagnostic findings to necessitate diagnostic studies of an NCV. Failure of recent conservative care rendered also is not demonstrated in the submitted report. Additionally, there were no documented neurologic deficits in the lower extremities. As it is not recommended per the ODG, the request for an NCV of the lower extremities is not medically necessary.