

Case Number:	CM14-0121492		
Date Assigned:	08/08/2014	Date of Injury:	11/07/2007
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family Practice and 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 injured worker is a 57-year-old female who was injured on 11/7/2007. She was diagnosed with a right knee injury with chronic right knee pain, lumbar sprain, Morton's neuroma of the right foot, and cervical strain. She was treated with surgery, Morton's neuroma right foot, right knee surgery, medications such as NSAIDs and opioids, a cane, and a rolling walker. Her medical history was significant for hyperthyroidism, anemia, and low white cell count. On 8/6/2011, a lumbar MRI was performed revealing a T12-L1, L4-L5 disc protrusion indenting the anterior thecal sac, and also a partial obliteration of the sacroiliac joints. On 7/11/14, the injured worker was seen by her primary treating physician reporting persistent low back pain that radiates to thighs. She reported that the pain medications (not listed in note) provided some relief, besides the stomach upset, for which prilosec helps her. Physical examination revealed tenderness of the right sacroiliac joint and lumbar area, negative straight leg raise, negative Patricks test, and deep tendon reflexes of the lower extremity "absent". She then was diagnosed with "neurogenic claudication" and recommended a lumbar steroid injection "x1". She was also recommended a new rollator (rolling walker) because of a wheel breaking on the current walker, which had been requested for approval before this date. Also, blood work was requested, including CMP, RF, ESR, and HLA-B-27, all due to abnormal "sacroiliac joint ankylosis" and the intent was to rule out an autoimmune cause of this pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections;

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, p. 46 Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines state that epidural steroid injections may be recommended as an option for clearly demonstrated radiculopathy. The criteria for consideration includes: 1. Radiculopathy must be documented clearly by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment, injections performed by fluoroscopy, 3. No more than 2 nerve roots injected at one session, and 4. No more than one interlaminar level injected at one session. In this case, there was not clearly documented physical findings that suggested radiculopathy with a negative straight leg raise, no neurological examination documented, etc., and there was limited evidence of whether or not the worker had fully attempted all other therapies. Therefore, without this evidence of this criteria fully provided for review, the request for an epidural steroid injection is not medically necessary.

Complete Metabolic Profile (CMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Part A, Local Medical Review Policy, comprehensive Metabolic Panel, Policy Number: A98-07.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen, pp. 11-12, NSAIDs, pp. 67-73 Page(s): pp. 11-12, NSAIDs, pp. 67-73.

Decision rationale: The MTUS Chronic Pain Guidelines do not address the complete metabolic panel test specifically. Various medications may contribute to liver and kidney function which are the primary tests included in this panel, and likely the reasoning for the request. However, there are no specific guidelines to require any regular screening using these tests, besides possibly those using NSAIDs in certain circumstances, and acetaminophen in certain circumstances. In this case, it was not recorded in the notes available for review which medicines (besides prilosec) the injured worker was currently taking that might benefit from screening with a complete metabolic profile. Therefore, the request for a Complete Metabolic Profile (CMP) is not medically necessary and appropriate.

Rheumatoid factor: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.merckmanuals.com/professional/musculoskeletal_and_connective_tissue_disorders/approach_to_the_patient_with_joint_disease/evaluation_of_the_patient_with_disorder.html (last accessed 7/23/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape: Ankylosing Spondylosis and Rheumatoid Arthritis.

Decision rationale: The MTUS Guidelines do not address blood testing for the diagnosis of inflammatory diseases such as ankylosing spondylitis. In this case, the requesting physician intended to investigate for "sacroiliac joint ankylosis" of the injured worker. Diagnosing ankylosing spondylosis or rheumatoid arthritis is not dependent on laboratory data, but radiographic studies are helpful. History and physical are also quite helpful, such as for ankylosing spondylitis: the insidious onset of low back pain, onset less than 40 years old, presence of symptoms for more than 3 months, symptoms worse in the morning or with inactivity, improvement of symptoms with exercise. For rheumatoid arthritis, history typically includes polyarthritis of hands and feet, extra-articular involvement, fatigue, stiffness of joints in morning primarily and less during the course of the day and with activity. In this case, the history and physical was not sufficient to clearly evaluate for these diagnoses, if they were being considered. Blood testing, including the RF, ESR, and HLA-B27 tests, would be premature until a more complete physical and examination is performed. Then when enough indicators suggest there is a high likelihood of having an inflammatory joint disease, then imaging and blood tests might be considered. Therefore, the request for Rheumatoid factor, ESR, and HLA-827 are medically necessary and appropriate.

ESR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.merckmanuals.com/professional/musculoskeletal_and_connective_tissue_disorders/approach_to_the_patient_with_joint_disease/evaluation_of_the_patient_with_disorder.html (last accessed 7/23/14).

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

Decision rationale: The MTUS Guidelines do not address blood testing for the diagnosis of inflammatory diseases such as ankylosing spondylitis. In this case, the requesting physician intended to investigate for "sacroiliac joint ankylosis" of the injured worker. Diagnosing ankylosing spondylosis or rheumatoid arthritis is not dependent on laboratory data, but radiographic studies are helpful. History and physical are also quite helpful, such as for ankylosing spondylitis: the insidious onset of low back pain, onset less than 40 years old, presence of symptoms for more than 3 months, symptoms worse in the morning or with inactivity, improvement of symptoms with exercise. For rheumatoid arthritis, history typically includes polyarthritis of hands and feet, extra-articular involvement, fatigue, stiffness of joints in morning primarily and less during the course of the day and with activity. In this case, the history and physical was not sufficient to clearly evaluate for these diagnoses, if they were being considered. Blood testing, including the RF, ESR, and HLA-B27 tests, would be premature until a more complete physical and examination is performed. Then when enough indicators suggest there is a high likelihood of having an inflammatory joint disease, then imaging and blood tests

might be considered. Therefore, the request for Rheumatoid factor, ESR, and HLA-827 are medically necessary and appropriate.

HLA-827: Overturned

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

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

Decision rationale: The MTUS Guidelines do not address blood testing for the diagnosis of inflammatory diseases such as ankylosing spondylitis. In this case, the requesting physician intended to investigate for "sacroiliac joint ankylosis" of the injured worker. Diagnosing ankylosing spondylosis or rheumatoid arthritis is not dependent on laboratory data, but radiographic studies are helpful. History and physical are also quite helpful, such as for ankylosing spondylitis: the insidious onset of low back pain, onset less than 40 years old, presence of symptoms for more than 3 months, symptoms worse in the morning or with inactivity, improvement of symptoms with exercise. For rheumatoid arthritis, history typically includes polyarthritis of hands and feet, extra-articular involvement, fatigue, stiffness of joints in morning primarily and less during the course of the day and with activity. In this case, the history and physical was not sufficient to clearly evaluate for these diagnoses, if they were being considered. Blood testing, including the RF, ESR, and HLA-B27 tests, would be premature until a more complete physical and examination is performed. Then when enough indicators suggest there is a high likelihood of having an inflammatory joint disease, then imaging and blood tests might be considered. Therefore, the request for Rheumatoid factor, ESR, and HLA-827 are medically necessary and appropriate.

New rollator for ambulation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Knee & Leg (Acute & Chronic, Walking Aides).

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 section, Walking aids.

Decision rationale: The MTUS Guidelines are silent in regards to walkers in general for chronic low back and knee pain. However, the Official Disability Guidelines (ODG) states that walkers and other walking aids are recommended, especially for those with bilateral knee disease. In this case, the injured worker was already approved for a walker due to instability with the cane at times, and a replacement is needed. Therefore, the request for a New rollator for ambulation is medically necessary and appropriate.