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| Case Number: | CM14-0123970 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 01/08/2013 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

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 Preventive 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:

According to the records made available for review, this is a 62-year-old female with a 1/8/13 date of injury. At the time (7/22/14) of request for authorization for UA (Urinalysis) Toxicology Screen, 5 Stage Grip Test, MRI of the Lumbar Spine, MRI of the Right Hip, X-Ray of the Cervical Spine, X-Ray of the Lumbar Spine, and X-Ray of the Right Hip, there is documentation of subjective (severe neck pain that radiates proximally to the head, nape, upper back, bilateral shoulder blades, and bilateral biceps muscles with numbness and tingling; severe lumbar spine pain that radiates to the bilateral buttocks muscles and the right hip and thigh with numbness and tingling; and severe right hip pain radiating to the buttocks with numbness and tingling) and objective (positive medial epicondyle tenderness to percussion, pain with pronation, mild medial edema, positive Durkan's, Tinel's and Phalen's, positive flattening of the thenar prominence and cup sign of the left wrist, loss of sensation in the thumb, and 2nd and 3rd digits, diffuse tenderness to palpitation over the neck and trapezius muscles, and decreased range of motion of the cervical spine and the shoulders, diffuse tenderness over the thoracic and lumbar spine, and decreased range of motion of the lumbar spine and right hip) findings, imaging findings (MRI of the lumbar spine (5/7/13) report revealed degenerative disc disease with mild disc bulging, no evidence or significant segmental stenosis or significant foraminal encroachment, and mild facet degeneration. Xrays of the lumbar spine (1/11/13) report revealed minor degenerative changes, and no acute or significant pathology. Xray of cervical spine (10/11/13) report revealed normal finding), current diagnoses (lumbar disc disease, lumbar sprain/strain, cervical spine sprain/strain, left wrist tenosynovitis, and right hip acetabular impingement), and treatment to date (physical therapy and medications (including ongoing treatment with Tramadol since at least 3/6/14)). Medical reports identify a request for 5 stage hand grip testing with dynamometer because the superficial exam of the left hand had shown issues and the physician needs more

details for a clearer understanding of what is going on in the patient's bilateral wrists. Regarding UA (Urinalysis) Toxicology Screen, there is no documentation of abuse, addiction, or poor pain control. Regarding 5 Stage Grip Test, there is no documentation of a history not consistent with the injury, pain or disability, pain which appears disproportionate to other objective findings, stated severe disability without accompanying muscle wasting, or normal hand staining and wear pattern in a manual worker. Regarding MRI of the Lumbar Spine, X-Ray of the Cervical Spine, and X-Ray of the Lumbar Spine, there is no documentation of diagnosis/condition (with supportive subjective/objective findings) for which a repeated study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Regarding MRI of the Right Hip, there is no documentation of negative plain radiographs and a high suspicion for occult fracture; osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; or tumors. Regarding X-Ray of the Right Hip, there is no documentation of a severe injury, patients with a high risk of the development of hip osteoarthritis, or assessment of a femoral component.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA (Urinalysis) Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Pain: Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar sprain/strain, cervical spine sprain/strain, left wrist tenosynovitis, and right hip acetabular impingement. In addition, there is documentation of ongoing treatment with Tramadol since at least 3/6/14. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for UA (Urinalysis) Toxicology Screen is not medically necessary.

5 Stage Grip Test: 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 Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <https://ispub.com/IJS/5/2/5127>

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of a history not consistent with the injury, pain or disability, pain which appears disproportionate to other objective findings, stated severe disability without accompanying muscle wasting, or normal hand staining and wear pattern in a manual worker, as criteria necessary to support the medical necessity for Dynamometer. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar sprain/strain, cervical spine sprain/strain, left wrist tenosynovitis, and right hip acetabular impingement. In addition, there is documentation of a request for 5 stage hand grip testing with dynamometer because the superficial exam of the left had had shown issues and the physician needs more details for a clearer understanding of what is going on in the patient's bilateral wrists. However, there is no documentation of a history not consistent with the injury, pain or disability, pain which appears disproportionate to other objective findings, stated severe disability without accompanying muscle wasting, or normal hand staining and wear pattern in a manual worker. Therefore, based on guidelines and a review of the evidence, the request for 5 Stage Grip Test is not medically necessary.

MRI of the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar sprain/strain, cervical spine sprain/strain, left wrist tenosynovitis, and right hip acetabular impingement. In addition, there is documentation of a 2013 MRI of lumbar spine identifying degenerative disc disease with mild disc bulging, no evidence or significant segmental stenosis or significant foraminal

encroachment, and mild facet degeneration. However, despite documentation of subjective (severe lumbar spine pain that radiates to the bilateral buttocks muscles and the right hip and thigh with numbness and tingling) and objective (diffuse tenderness over the thoracic and lumbar spine and decreased range of motion of the lumbar spine and right hip) findings, there is no documentation of diagnosis/condition (with supportive subjective/objective findings) for which a repeated study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI of the Lumbar Spine is not medically necessary.

MRI of the Right Hip: 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 Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, MRI (magnetic resonance imaging)

Decision rationale: MTUS does not address this issue. ODG identifies documentation of negative plain radiographs and a high suspicion for occult fracture; osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; or tumors as criteria necessary to support the medical necessity of MRI of the hip/pelvis. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar sprain/strain, cervical spine sprain/strain, left wrist tenosynovitis, and right hip acetabular impingement. However, there is no documentation of negative plain radiographs and a high suspicion for occult fracture; osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; or tumors. Therefore, based on guidelines and a review of the evidence, the request for MRI of the Right Hip is not medically necessary.

X-Ray of the Cervical 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 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Radiology Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. ODG identifies documentation of cervical spine trauma, unconscious, impaired sensorium (including alcohol and/or drugs), multiple trauma, a serious bodily injury, neck pain, no neurological deficit, cervical tenderness, paresthesias in hands or feet; Chronic neck pain (= after 3 months conservative treatment), patient younger than 40, no history of trauma, first study; history of remote trauma, first study; patient older than 40, no history of trauma, first study, history of remote trauma, first study, patients of any age, history of previous malignancy, first study; patients of any age, history of previous remote neck surgery, first study; Post-surgery: evaluate status of fusion, as additional criteria necessary to support the medical necessity of cervical spine x-rays. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat X-ray. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar sprain/strain, cervical spine sprain/strain, left wrist tenosynovitis, and right hip acetabular impingement. In addition, there is documentation of a 2013 X-ray of cervical spine identifying normal findings. However, despite documentation of subjective (severe neck pain that radiates proximally to the head, nape, upper back, bilateral shoulder blades, and bilateral biceps muscles with numbness and tingling) and objective (positive medial epicondyle tenderness to percussion, pain with pronation, mild medial edema, positive Durkan's, Tinel's and Phalen's, positive flattening of the thenar prominence and cup sign of the left wrist, loss of sensation in the thumb, and 2nd and 3rd digits, diffuse tenderness to palpitation over the neck and trapezius muscles, and decreased range of motion of the cervical spine and the shoulders), there is no documentation of diagnosis/condition (with supportive subjective/objective findings) for which a repeated study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for X-Ray of the Cervical Spine is not medically necessary.

X-Ray 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Radiography (x-rays) Other Medical Treatment Guidelines:

Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging >

Decision rationale: MTUS reference to ACOEM identifies documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery, as criteria necessary to support the medical necessity of lumbar spine x-rays. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which lumbar x-rays are indicated [such as: lumbar spine trauma (pain, tenderness, neurological deficit, seat belt (chance) fracture); uncomplicated low back pain (trauma, steroids, osteoporosis, over 70; suspicion of cancer, infection); myelopathy (traumatic, infectious disease patient, and/or oncology patient)] to support the medical necessity of lumbar x-rays. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat X-ray. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar sprain/strain, cervical spine sprain/strain, left wrist tenosynovitis, and right hip acetabular impingement. In addition, there is documentation of a 2013 X-ray of lumbar spine identifying minor degenerative changes. However, despite documentation of subjective (severe lumbar spine pain that radiates to the bilateral buttocks muscles and the right hip and thigh with numbness and tingling) and objective (diffuse tenderness over the thoracic and lumbar spine and decreased range of motion of the lumbar spine and right hip) findings, there is no documentation of diagnosis/condition (with supportive subjective/objective findings) for which a repeated study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for X-ray of the Lumbar Spine is not medically necessary.

X-Ray of the Right Hip: 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 Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, X-Ray

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a severe injury, patients with a high risk of the development of hip osteoarthritis, or assessment of a femoral component, as criteria necessary to support the medical necessity of Hip x-rays. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar sprain/strain, cervical spine sprain/strain, left wrist tenosynovitis, and right hip acetabular impingement. However, there is no documentation of a severe injury, patients with a high risk of the development of hip osteoarthritis, or assessment of a femoral component. Therefore, based on guidelines and a review of the evidence, the request for X-Ray of the Right Hip is not medically necessary.