

Case Number:	CM14-0137628		
Date Assigned:	09/15/2014	Date of Injury:	05/09/2014
Decision Date:	10/15/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/26/2014

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 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 34-year-old male with a 5/9/14 injury date. The patient gradually developed neck, low back, bilateral elbow, and left knee pain secondary to job requirements. In a follow-up on 8/4/14, subjective complaints included right foot burning, stiffness, pins and needles, and numbness and tingling with radiation to the right ankle with severity 5/10. The patient was unable to walk when the pain was present and also felt episodes of giving away and instability. Lower back pain was 8/10 and radiated to the right lower extremity with numbness in the right calf. The lower back pain was increased with prolonged sitting and caused difficulty with bending, stooping, and lifting activities. The neck pain was 7/10 severity with associated numbness, popping, and difficulty with flexion and sleeping. Bilateral elbow pain was 8/10 with swelling on the medial side, stiffness, and locking of the joints. There was numbness and tingling in both hands. There was sharp pain in both knees rated 8/10 with associated swelling, weakness, and giving way. The knee reportedly locks and gives out often. Objective findings included unsatisfactory heel-toe walk and antalgic gait. There was tenderness to palpation in the lumbar paraspinal muscles, latissimus dorsi, serratus posterior, L5-S1 vertebrae, cervical paraspinals, anterior shoulder, bilateral medial epicondyles, dorsum of the feet, and bilateral knee medial joint lines. Lumbar and cervical ROM was reduced. Lesegue's was positive on the left. There was hypoesthesia over the right calf with absent Achilles reflex. There was reduced circumference of the right thigh and left calf. Radial, medial, and ulnar nerves were intact. Upper extremity sensory exam was normal. Upper extremity reflexes were symmetric and motor strength was 4/5. Elbow exam showed full range of motion bilaterally with pain on forearm rotation. Effusion was noted over the left knee with pain on patellar pressure bilaterally. McMurray's test was positive on the left, Clark's test positive bilaterally. There was 1+ wasting of the left quadriceps and reduced left knee ROM. An EMG on 9/2/14 of the lower extremities

showed mild right L4/5 radiculopathy. Diagnostic impression: right L4-5 radiculopathy, mild ulnar neuritis, right lateral epicondylitis, bilateral medial epicondylitis, traumatic internal derangement of the right and left knee joint, s/p drainage of left knee, bilateral carpal tunnel syndrome, cervical strain, lumbar strain. Treatment to date includes medications and left knee aspiration. A UR decision on 8/18/14 denied the requests for elbow injections on the basis that a sufficient trial of conservative treatment has not yet taken place. The request for trigger point injections was denied on the basis that there was insufficient clinical exam evidence for myofascial pain. The request for EMG was denied on the basis that radiculopathy is already clinically obvious and one month of conservative treatment has not passed. The request for acupuncture 12 sessions was modified to allow for up to 6 sessions, as recommended by the guidelines. The request for Zantac 150 mg #60 was denied on the basis that there is no clinical evidence of gastroesophageal reflux disease (GERD).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection (1cc 0.25% marcaine and 1cc 40mg depo medrol) for the left arm:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow Chapter.

Decision rationale: CA MTUS states that there is good evidence that glucocorticoid injections reduce lateral epicondylar pain. However, there is also good evidence that the recurrence rates are high. ODG recommends a single injection as a possibility for short-term pain relief in cases of severe pain from epicondylitis; but beneficial effects persist only for a short time, and the long-term outcome could be poor. In the present case, there is no evidence that the patient has completed at least 3-4 weeks of physical therapy. A trial of conservative treatment is recommended before performing elbow injections. Therefore, the request for Cortisone injection (1cc 0.25% marcaine and 1cc 40mg depo medrol) for the left arm is not medically necessary.

Cortisone injection (1cc 0.25% marcaine and 1cc 40mg depo medrol) for right arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow Chapter.

Decision rationale: The MTUS states that there is good evidence that glucocorticoid injections reduce lateral epicondylar pain. However, there is also good evidence that the recurrence rates

are high. ODG recommends a single injection as a possibility for short-term pain relief in cases of severe pain from epicondylitis; but beneficial effects persist only for a short time, and the long-term outcome could be poor. In the present case, there is no evidence that the patient has completed at least 3-4 weeks of physical therapy. A trial of conservative treatment is recommended before performing elbow injections. Therefore, the request for Cortisone injection (1cc 0.25% marcaine and 1cc 40mg depo medrol) for the right arm is not medically necessary.

2 trigger point injections to the lumbar spine paravertebral muscles right and left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: The MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In the present case, there was no documented evidence of positive exam findings such as a palpable twitch response and referred pain. In addition, the patient appears to have lower extremity radiculopathy. Therefore, the request for 2 trigger point injections to the lumbar spine paravertebral muscles right and left, is not medically necessary.

EMG/NCV bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

Decision rationale: The MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, the Official Disability Guidelines (ODG) states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In the present case, there is no documentation of at least one month of prior conservative therapy that includes physical therapy. On this basis, the EMG cannot be recommended. An additional point is that a lower extremity EMG was completed on 9/2/14, and showed mild right L4/5 radiculopathy. Therefore, the request for EMG/NCV bilateral lower extremity is not medically necessary.

12 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009: Â§9792.23. Clinical Topics: ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114);

Decision rationale: The MTUS stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. In the present case, the request is for 12 sessions,exceeds the recommended number of initial sessions and cannot be certified. Therefore, the request for 12 acupuncture sessions is not medically necessary.

Zantac 150mg #60: 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: FDA (Ranitidine).

Decision rationale: The FDA states that Ranitidine is indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. In the present case, there is no documented evidence of GI disorders. Therefore, the request for Zantac 150 mg #60 is not medically necessary.