

Case Number:	CM14-0138381		
Date Assigned:	09/05/2014	Date of Injury:	07/07/2008
Decision Date:	10/29/2014	UR Denial Date:	08/19/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 47-year-old male who reported a work related injury on 07/07/2008. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of internal derangement on the right knee, status post meniscectomy on the right; internal derangement of the left knee; internal derangement of the knee and ankle; and discogenic lumbar condition with radicular components. <Insert past treatments here> <Insert pertinent diagnostics here> The injured worker's surgical history includes arthroscopic synovectomy, chondroplasty, medial capsule imbrication, and lateral reticular release of the left knee on 04/23/2012; and an arthroscopy, synovectomy, chondroplasty, partial medial meniscectomy, shaving anterior aspect of the lateral meniscus of the right knee on 01/13/2011. Upon examination on 06/24/2014, the injured worker complained of persistent pain in both knees on a daily basis. The injured worker rated his pain as a 3/10 to a 4/10 on the VAS pain scale, with the use of Norco and without. The injured worker stated his pain was intense so much that it would affect his walking and standing and functionality. He reported having more pain in the left knee when he awoke in the morning. The injured worker denies any numbness or tingling and the pain increases when he stands longer than 15 minutes and walks greater than 15 to 20 minutes. Upon physical examination, it was noted that the injured worker was in no acute distress. The injured worker's prescribed medications include Norco, trazodone, Effexor, and Flexeril. The injured worker's treatment plan consisted of continuation of Norco, trazodone for insomnia, Effexor for depression, MRI of the lumbar spine and left knee, EMG studies for the bilateral lower extremities and low back, and Hyalgan injections. The rationale for the request was to evaluate the injured worker for his chronic pain. A Request for Authorization form was submitted for review on 06/25/2014.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRIs

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

Decision rationale: The request for an MRI lumbar spine is not medically necessary. The California MTUS/ACOEM guidelines indicate unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. In regards to the injured worker, there were no physical findings consistent with an objective focal neurologic deficit in a dermatomal or myotomal pattern that would provide evidence for medical necessity of a MRI of the lumbar spine. With a lack of documentation of radiculopathy an MRI of the lumbar spine cannot be warranted. As such, the request for an MRI of the lumbar spine is not medically necessary.

MRI of bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, MRIs

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

Decision rationale: The request for an MRI of the bilateral knees is not medically necessary. The California MTSA/ACOEM states special studies are not needed to evaluate most knee complaints in patients who are able to walk without a limp, or sustained a twisting injury without effusion, until after a period of conservative care and observation. The clinical criteria for ordering knee radiography consist of joint effusion within 24 hours of a direct blow or fall, palpable tenderness over the fibular head or patella, inability to walk four steps or bear weight immediately or within a week of trauma, and inability to flex the knee 90 degrees. In regards to the injured worker, he has undergone 2 previous knee surgeries bilaterally. It was not noted within the documentation that the injured worker had any exacerbation of the knee or functional deficits that would warrant the need of an MRI. As such, the request for an MRI of the bilateral knees is not medically necessary.

EMG of the lower extremities/low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

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

Decision rationale: The request for an EMG of the lower extremities/low back is not medically necessary. California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography, including H reflex tests, may be useful to identify subtle, neurologic dysfunction in patients with low back symptoms lasting more than 4 weeks. In regards to the injured worker, the documentation provided did not establish findings on physical examination which would indicate radiculopathy extending from the lumbar spine or peripheral neuropathy in the lower extremities. Due to the lack of documentation providing clinical evidence of radiculopathy, the request for an EMG test cannot be deemed medically necessary. As such, the request for an EMG of the lower extremities and low back is not medically necessary.