

Case Number:	CM14-0139700		
Date Assigned:	09/25/2014	Date of Injury:	09/13/2011
Decision Date:	11/03/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 patient is 49-year-old female who has submitted a claim for cerebral concussion without loss of consciousness, cervical spine strain, rule out right C6-C7, C7-C8 radiculopathy, bilateral shoulder strain and impingement, bilateral elbow strain, medial and lateral epicondylitis, rule out cubital tunnel syndrome, bilateral wrist strain, carpal tunnel syndrome, de Quervain's, lumbar spine strain, sciatica, right hip strain, right knee strain, bilateral ankle and foot strain, gastritis, morbid obesity, asthma, hypertension, and a history of hepatomegaly associated from an industrial injury date of 09/13/2011. Medical records from 2014 were reviewed, the patient complained of low back pain rated at 7 out of 10. The patient states that the pain radiates to her bilateral lower extremities to the level of her heels. Patient describes numbness and tingling in the same distribution pattern, as well as perception of weakness. She likewise complained of chronic stress incontinence and urinary urgency after four deliveries status post pelvic reconstruction in 2010. Physical examination reveals she is alert and oriented. Memory, attention and concentration are appropriate. Examination of cranial nerves II-XII was unremarkable. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles with moderate degree of muscle spasm. Patient has a mild degree of gait antalgia. Reflex testing reveals 2+ deep tendon reflex. Sensory examination reveals a decreased pinprick sensation in the L5, more so than the L4 dermatomal pattern of the bilateral lower extremities. Motor testing demonstrates 5/5 muscle strength in all motor groups of the bilateral lower extremities with no usual patterns of atrophy identified. Straight leg raising test was negative. Anthropometric exam showed a height of 5'4", weight of 292 pounds, and derived body mass index of 50.1 kg/m². Vital signs showed a blood pressure of 146/77 mmHg, and pulse rate of 76 beats per minute. Urine drug screens from 7/17/2014 and 6/11/14 were consistent with prescription medication (gabapentin). Laboratory work-up from 9/25/2013 showed normal liver and kidney function

tests. Treatment to date has included oral medications (Prilosec, gabapentin, and Ativan), ESI injection, physical therapy, chiropractic sessions and acupuncture. Utilization review from 08/20/2014 denied the request for MRI for the right ankle because examination evidence of ligament instability or internal derangement or other suspected undetected soft tissue pathology. The request for computerized range of motion and muscle testing was also denied because there is currently no available documentation to establish the medical necessity for this diagnostic exam as a separate procedure. The request for labs (CBC, liver panel, renal panel) was likewise denied because there was no current documentation of medications taken by the patient that may require monitoring of possible adverse effects. Lastly, the request for urinalysis was denied because there was insufficient documentation concerning diabetes or kidney disease that may warrant such testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right ankle (open) Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot chapter, Magnetic resonance imaging (MRI)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for MRI of ankle/foot is indicated for chronic ankle pain with normal plain films and suspicion of osteochondral injury or tendinopathy, or due to uncertain etiology; and chronic foot pain with suspicion of tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, review of recent medical records did not show complaints of ankle pain, nor examination findings suspecting ligament instability or internal derangement or other soft tissue pathologies. There was no clear indication for ankle MRI at this time. Therefore, the request for MRI of the right ankle is not medically necessary.

Labs (CBC, liver panel, renal panel) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, the patient has the following comorbid conditions: gastritis, morbid obesity, asthma, hypertension, and a history of hepatomegaly. Current medications include Prilosec, gabapentin, and Ativan. Her most recent laboratory work-up from 9/25/2013 showed normal liver and kidney function tests. Testing for liver panel at this time is reasonable given that patient has a history of hepatomegaly. However, there is no compelling rationale why CBC and renal panel should likewise be included. The medical necessity cannot be established due to insufficient information. Therefore, the request for labs (CBC, liver panel, renal panel) is not medically necessary.

Urinalysis Qty: 1.00: Overturned

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: American Association of Clinical Chemistry, Urinalysis

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the American Association of Clinical Chemistry was used instead. The urinalysis is used as a screening and/or diagnostic tool because it can help detect substances or cellular material in the urine associated with different metabolic and kidney disorders. Often, substances such as protein or glucose will begin to appear in the urine before people are aware that they may have a problem. It is used to detect urinary tract infections (UTIs) and other disorders of the urinary tract. In those with acute or chronic conditions, such as kidney disease, the urinalysis may be ordered at intervals as a rapid method to help monitor organ function, status, and response to treatment. In this case, patient complains of chronic stress incontinence and urinary urgency after four deliveries status post pelvic reconstruction in 2010. Patient is likewise pending urology consultation after certification of utilization review from 08/20/2014. Urinalysis is a reasonable diagnostic option given that she presented with urinary complaints. Therefore, the request for urinalysis is medically necessary.

Computerized range of motion & muscle testing Qty: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexibility

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back, Flexibility was used instead. ODG states that computerized measures of range of motion are not recommended as the results are of unclear therapeutic value. In this case, the patient complains of low back pain 7/10 in severity with intermittent radiations down his bilateral lower extremities with numbness and tingling. Physical examination revealed patient has a mild degree of gait antalgia. Reflex testing reveals 2+ deep tendon reflex. Sensory examination reveals a decreased pinprick sensation in the L5, more so than the L4 dermatomal pattern of the bilateral lower extremities. Motor testing demonstrates 5/5 muscle strength in all motor groups of the bilateral lower extremities with no usual patterns of atrophy identified. Straight leg raising test was negative. There is no discussion concerning the need for variance from the guidelines as computerized testing is not recommended. It is unclear why the conventional methods for strength and range of motion testing cannot suffice. Furthermore, the present request does not specify the joint to be tested. Therefore, the request for Computerized range of motion & muscle testing is not medically necessary.