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| Case Number: | CM14-0145302 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 01/13/2004 |
| Decision Date: | 12/31/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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:

This is a 58 year old female patient who sustained a work related injury on 1/13/14. The exact mechanism of injury was not specified in the records provided. The current diagnoses include sprain of the cervical and lumbar spine, bilateral shoulder tendinitis and s/p bilateral CTSPer the doctor's note dated 8/19/14, patient has complaints of pain in neck, back and both shoulders and left wrist. Physical examination revealed decreased ROM of the cervical spine, shoulders, left wrist and lumbar spine and tenderness on palpation. The current medication list was not specified in the records provided. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history includes left foot ORIF and carpal tunnel release. Any operative/ or procedure note was not specified in the records provided. She has had a urine drug toxicology report on 6/4/14 that was consistent for opioids. Other therapy done for this injury was not specified in the records provided.

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: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: Per the ACOEM low back guidelines cited below "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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging (MRI) for neural or other soft tissue, computed tomography (CT) for bony structures)." A detailed physical examination of the lumbar spine was not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. The details of physical therapy or other types of therapy done since the date of injury were not specified in the records provided. A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous physical therapy visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the MRI of the lumbar spine is not fully established for this patient.

X-rays of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343, 341.

Decision rationale: Per the cited guidelines "The clinical parameters for ordering knee radiographs following trauma in this population are: joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk (four steps) or bear weight immediately or within a week of the trauma, Inability to flex knee to 90 degrees." A detailed physical examination of the left knee was not specified in the records provided. A detailed knee exam including tests for internal derangement like the Mc Murrays test, anterior drawer test and tests for instability were not specified in the records provided. The details of physical therapy or other types of therapy done since the date of injury were not specified in the records provided. Detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current physical therapy evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical

records submitted. The medical necessity of the request for X-rays of the left knee is not fully established in this patient.

Continue meds (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: Any recent detailed clinical evaluation note of treating physician was not specified in the records. The current medication list was not specified in the records provided. A detailed physical examination was not specified in the records provided. The dose and frequency of medication/s requested was not specified in the records provided. The medical necessity of the request for Continue meds (unspecified) is not fully established in this patient.