

Case Number:	CM14-0166280		
Date Assigned:	10/13/2014	Date of Injury:	06/28/2000
Decision Date:	11/17/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 medical records reflect the claimant is a 44 year old female who sustained a work injury on 6-28-00. Office visit on 9-11-14 notes the claimant has neck, back, bilateral hand, and right knee complaints. The claimant reports of increased low back pain, continued right knee pain, numbness and cramping in the bilateral hands, continued significant neck pain with frequent spasms and headaches. Objective findings include cervical spasm with point tenderness upon palpation of the paraspinal area, positive distraction and compression tests, pain on cervical motion that is restricted; positive bilateral Tinel's and Phalen's; lumbar spasm with point tenderness, antalgic gait, impaired lumbar motion; right knee mild effusion, medial and lateral joint line tenderness, restricted knee flexion to 110 degrees with crepitus and pain on motion, and positive McMurrays and Apley's; and decreased sensation to the right deltoid and in all digits of all the hands with no other motor, sensory or reflex deficits on neurologic exam. Diagnostic impression noted cervical spine disc bulge; bilateral carpal tunnel syndrome; lumbar disc bulge; and meniscal tear of the right knee. Treatment plan recommendations include MRI of the cervical spine, lumbar spine and right knee as the patient remains symptomatic and has objective findings on knee exam; trigger point injections were provided to the cervical spine; series of 3 Orthovisc injections to the right knee; IM injection of Toradol given; and Ultram 50mg #120 for pain. The patient is continued on TTD and follow-up is scheduled for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (web: updated 08/25/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, MRI

Decision rationale: ACOEM notes that MRI is recommended for select patients with subacute or chronic knee symptoms in which mechanically disruptive internal derangement or similar soft tissue pathology is a concern. Official Disability Guidelines notes that routine repeat of MRI of the knee is not indicated. Medical Records reflect this claimant had had prior MRI of the right knee. There is an absence in documentation noting worsening of her condition to support repeat study. Therefore, the medical necessity of this request is not established.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) cervical and thoracic spine disorders - diagnostic investigations - MRI; Official Disability Guidelines (ODG) Neck Chapter - MRI

Decision rationale: ACOEM notes that MRI is recommended for patients with: -Acute cervical pain with progressive neurologic deficit; -Significant trauma with no improvement in significantly painful or debilitating symptoms; -A history of neoplasia (cancer); -Multiple neurological abnormalities that span more than one neurological root level -Previous neck surgery with increasing neurologic symptoms; -Fever with severe cervical pain; or - Symptoms or signs of myelopathy. There is an absence in documentation noting objective findings of neurological deficits or nerve root compression. Therefore, the medical necessity of this request is not established.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI

Decision rationale: ACOEM notes that MRI is moderately recommended for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. This claimant has had an MRI in the past. Official Disability Guidelines does not support repeat MRI for routine evaluation. There is an absence in documentation noting objective findings of neurological deficits or nerve root compression. Therefore, the medical necessity of this request is not established.

3mg/ml Celestone Trigger Point Injection to the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Trigger Point Injections

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines notes that TPIs with a local anesthetic may be recommended for the treatment of myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) No more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after an injection and there is documented evidence of functional improvement. There is an absence on objective data noting circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, the medical necessity of this request is not established.

Orthovisc Injections to the Right Knee x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (web: updated 08/25/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter - hyaluronic acid injections

Decision rationale: The Official Disability Guidelines notes Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle,

carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. There is an absence in documentation noting that this claimant has any of the recommended indications. Therefore, the medical necessity of this request is not established.

IM Injection Toradol 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Toradol Injection

Decision rationale: Official Disability Guidelines notes that Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: The oral form is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Increasing doses beyond a daily maximum dose of 40 mg will not provide better efficacy, and will increase the risk of serious side effects. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. Dosing: Acute pain (transition from IV or IM) for adults < 65 years of age: 20mg PO followed by 10mg PO every 4 to 6 hours (max 40 mg/day). An oral formulation should not be given as an initial dose. (Toradol Package Insert) The FDA has approved a nasal formulation of Ketorolac (Sprix) for short-term pain management. (FDA, 2010). Current treatment guidelines do not support the use of this IM medication for chronic painful conditions. Therefore, the medical necessity of this request is not established.

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Tramadol

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment or that she requires opioids at this juncture. Therefore, the medical necessity of this request is not established.