

Case Number:	CM14-0030430		
Date Assigned:	06/20/2014	Date of Injury:	07/19/2012
Decision Date:	09/10/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 a 70-year-old female with a date of injury of 07/19/2012. The listed diagnoses per [REDACTED] are: lumbar spine strain, right carpal tunnel syndrome, knee/leg sprain. According to progress report 02/03/2014 by [REDACTED], the patient presents with continued low back, right wrist/hand, right knee pain. The patient now complains of neck pain as well. Patient reports neck pain started around 3 weeks ago and the pain radiates to the back of the head. Examination revealed there is stiffness of the right hip and right knee and light touch sensation to bilateral midanterior thigh and bilateral lateral ankle are intact. This is the extent of the examination. On 02/03/2014, the patient was recommended for a 30-day trial of H-wave. On 01/16/ [REDACTED] [REDACTED] noted the patient continues to have low back, right wrist/hand, and knee pain. AME report 03/11/2013 states, with respect to the right hand, applicant has complaints of occasional and slight pain with some numbness and tingling. With respect to the low back and right knee, applicant has intermittent and slight to moderate pain. There is an electrodiagnostic report from 03/07/2013 that revealed median neuropathy localized at bilateral wrists. The request is for MRI of lumbar spine, right wrist, and right knee. Treater is also requesting x-rays of the lumbar spine, pelvis, right wrist, and right knee, an H-wave unit and pain medicine followup. Utilization review denied the request on 02/25/2014.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient presents with continued neck, low back, right wrist/hand, and right knee pain. The treater is requesting an MRI of the lumbar spine. Utilization review denied the request stating recent progress notes do not indicate objective findings to warrant the request. For special diagnostics, ACOEM Guidelines page 303 states unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well 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. According to AME report 03/11/2013, the patient has continued lower back pain with radicular pain down the lower extremities. The patient has not yet had an MRI of the lower back. Given the patient radicular symptoms and continued pain, an MRI for further investigation is warranted. Therefore, the request is medically necessary.

X-Rays 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 ACOEM Practice Guidelines, 2nd Edition, Low Back Disorders Chapter (Update to Chapter 12).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X-rays, Lumbar spine, ODG guidelines.

Decision rationale: This patient presents with continued neck, low back, right wrist/hand, and right knee pain. The treater is requesting an X-ray of the Lumbar spine. The MTUS and ACOEM Guidelines do not specifically discuss x-rays for the lumbar spine. However, ODG Guidelines has the following regarding radiograph x-rays; Not commended routine x-rays in the absence of red flags. Lumbar spine radiographs should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persistent for at least 6 weeks. In this case, the patient does not present with serious bodily injury, neurological deficit from trauma or suspected fracture to warrant an x-ray of the lumbar spine. Furthermore, the patient has been authorized for an MRI for further investigation. Therefore, the request is not medically necessary.

X-Rays of the pelvis: 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), Hip and Pelvis Chapter, X-Ray Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines has the following under its hip/pelvis chapter.

Decision rationale: This patient presents with continued neck, low back, right wrist/hand, and right knee pain. The treater is requesting an X-ray of the pelvis. The ACOEM and MTUS guidelines do not discuss x-rays for the pelvis/hip. ODG guidelines has the following under its hip/pelvis chapter, x-rays are recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. In this case, progress reports and AME report does not discuss any issues regarding the patient's pelvis. There is no discussion of injury or suspect of osteoarthritis. Therefore, the request is not medically necessary.

MRI of the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation For MRI of the wrist, ODG guidelines.

Decision rationale: This patient presents with continued neck, low back, right wrist/hand, and right knee pain. The treater is requesting an MRI of the right wrist. Utilization review denied the request stating MRI of the wrist is only recommended for suspected scaphoid fractures. The medical file does not indicate that the patient has had prior MRI of the right wrist. ACOEM guidelines chapter 11 pg 268-269 has the following regarding special studies and diagnostic and treatment considerations: for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six week period of conservative care and observation. For MRI of the wrist, ODG guidelines states, Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, and avascular neurosis. In this case, the treater describes well over 6 months of right wrist complaints. At this point, due to the chronicity of the issue, a MRI of the right wrist is warranted. The requested MRI of the right wrist is medically necessary and recommendation is for approval.

X-Rays of the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation ODG guidelines states that x-rays are indicated for suspicion fracture, subluxation, dislocation, ligament injury.

Decision rationale: This patient presents with continued neck, low back, right wrist/hand, and right knee pain. The treater is requesting an X-ray of the right wrist. ACOEM guidelines page 268 has the following on x-rays for the wrist: For most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following of injury with radial-dorsal tenderness, acute injury to the metacarpophalangeal joint of the thumb, peripheral nerve impingement and recurrence of ganglion. Given this patient's chronic wrist pain, ACOEM may not apply. ODG guidelines states that x-rays are indicated for suspicion fracture, subluxation, dislocation, ligamentous injury. It also allows for wrist X-rays on first exam for first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified. The file provided for review does not have any records of an x-ray obtained on this patient. A set of x-rays may be indicated. Therefore, the request is medically necessary.

MRI of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Guidelines may be more appropriate at addressing chronic knee pain.

Decision rationale: This patient presents with continued neck, low back, right wrist/hand, and right knee pain. The treater is requesting an MRI of the right knee. Utilization review denied the request stating there are no mechanical symptoms/findings to warrant an MRI or X-rays of the right knee. ACOEM Guidelines states, Special studies are needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture. ODG Guidelines may be more appropriate at addressing chronic knee pain. ODG recommends MRI of the knee for soft tissue injuries, acute and nontraumatic knee pain. AME report 03/11/2013 indicates the patient has moderate to severe sharp and stabbing pain in her right knee with weakness, buckling and stiffness. There is no indication the patient has had an MRI yet. Given the patient's continued complaints of pain and buckling, an MRI for further investigation is reasonable and medically necessary.

X-Rays of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341, 342.

Decision rationale: This patient presents with continued neck, low back, right wrist/hand, and right knee pain. The treater is requesting an X-ray of the right knee. ACOEM guidelines pages 341,342 on Radiographs has the following, Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp. Patient had a twisting injury and there is no effusion. In this case, the records do not indicate prior X-rays of the right knee. It may very well be that the patient had a set of x-rays early on in the injury but there is no evidence of that in the reports. Therefore, the request is medically necessary.

H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117, 118.

Decision rationale: This patient presents with continued neck, low back, right wrist/hand, and right knee pain. The treater is requesting an H-wave unit. Per MTUS Guidelines, H-wave is not recommended as an isolated intervention but a 1-month home-based trial of H-wave stimulation may be considered as non-invasive conservative option for diabetic neuropathic pain or soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care including physical therapy, medication, and TENS unit. Review of the medical file does not show that this patient has tried a TENS unit as required by MTUS. In this case, the treater is requesting a h-wave unit without trying a TENS unit. Therefore, the request is not medically necessary

Pain medicine follow-up: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient presents with continued neck, low back, right wrist/hand, and right knee pain. The treater is requesting a Pain Medicine follow up. Utilization review denied the request stating there is no clear rationale for the currently requested pain medicine follow-up. ACOEM, ch 12, Low Back, Pg 303, has the following regarding Follow-up Visits: Patients with potentially work-related low back complaints should have follow up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. In this case, given the

patient's chronic pain follow up visits are medically necessary and recommendation is for approval.