MAXIMUS Federal Services

Case Number:	CM14-0045142		
Date Assigned:	09/25/2014	Date of Injury:	06/18/2013
Decision Date:	12/12/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/11/2014

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 Occupational 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back, wrist, and bilateral knee pain with derivative complaints of sleep disturbance reportedly associated with an industrial injury of June 18, 2013. In a Utilization Review Report dated March 10, 2014, the claims administrator denied a request for acupuncture, denied a request for MRI imaging of multiple body parts, denied a sleep study, approved a psychological consultation, and denied a sleep study. The applicant's attorney subsequently appealed. In an October 9, 2013 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported multifocal complaints of wrist and knee pain with associated tenderness to touch appreciated on exam. The applicant was placed off of work, on total temporary disability. MRI imaging of unspecified body part was endorsed, along with a urine drug screen. In a February 17, 2014 progress note, the applicant reported multifocal complaints of wrist, low back, and bilateral knee pain, dull, throbbing, constant, and reportedly severe. Ambien, Prilosec, Norco, Cartivisc (glucosamine), Flexeril, and multiple topical compounds were endorsed. The applicant's work status was not furnished. The applicant was asked to undergo a Sudoscan and test for reported small fiber neuropathy. In a progress note dated February 28, 2014, the applicant again presented with multifocal complaints of wrist, low back, and knee pain with derivative complaints of sleep disturbance, depression, anxiety, and irritability. Functional capacity testing, nerve conduction testing, acupuncture, chiropractic manipulative therapy, MRI imaging of the knees, MRI imaging of the lumbar spine, MRI imaging of the left wrist, bilateral knee brace, a sleep study, and a psychiatric consultation for depression were sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1-2 times per week for 6 weeks for the bilateral knees, left wrist and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." The request, thus, as written, in a fact represents treatment at a rate twice that endorsed by the MTUS. No rationale for treatment this far in excess of MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.

MRI of the bilateral knees: Upheld

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): Table 13-2, pages 335-336.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335-336 do acknowledge that MRI imaging can be employed for a variety of purposes, including to confirm suspected meniscal tears, to confirm collateral ligament tears, to confirm anterior cruciate ligament tears, to confirm posterior cruciate ligament tears, and/or to confirm a diagnosis of patellar tendonitis, ACOEM qualifies its recommendations by noting that such testing is not necessary except when an applicant is actively considering or contemplating surgical intervention involving the knees. In this case, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving either knee. The fact that MRI imaging of multiple body parts, including the bilateral knees, low back, left wrist, etc., were concurrently sought implies that these tests were being performed for routine or evaluation purposes, with no clear intention of acting on the results of the same. Therefore, the request is not medically necessary.

MRI of the lumbar spine: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine. The fact that multiple MRI studies were concurrently sought implied that these studies were being performed for routine evaluation purposes, with no clearly formed intention of acting on the results of the same. Therefore, the request is not medically necessary.

MRI of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-6, page 269.

Decision rationale: The applicant's pain management physician reported on February 17, 2014 that the applicant carried a diagnosis of de Quervain's tenosynovitis of the wrist. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging 0/4 in its ability to identify and define suspected de Quervain's tendonitis. No rationale for pursuit of MRI imaging of the wrist in the face in the face of the unfavorable ACOEM position on the same for the diagnosis in question, de Quervain's tendonitis, was furnished by the attending provider. Therefore, the request is not medically necessary.

Sleep study for loss of sleep: 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)- Pain Chapter- Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults.

Decision rationale: The MTUS does not address the topic of sleep studies. The attending provider indicated in his April 14, 2014 progress note that the applicant was reporting issues with depression, anxiety, irritability, and resultant loss of sleep. However, the American Academy of Sleep Medicine (AASM) notes that polysomnography/sleep studies are not indicated in the routine evaluation of insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. Sleep testing would be of no benefit in establishing the presence of depression-induced insomnia or anxiety-induced insomnia, as is present here, per AASM. Therefore, the request is not medically necessary.