MAXIMUS Federal Services

Case Number:	CM14-0048281		
Date Assigned:	08/01/2014	Date of Injury:	07/13/2009
Decision Date:	09/10/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/16/2014

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 knee and low back pain reportedly associated with an industrial injury of July 13, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 2, 2014, the claims administrator approved a request for a followup evaluation, denied a drug screen, approved a TENS unit rental, denied an MRI of the knee, denied an MRI of the lumbar spine, denied a request for eight sessions of acupuncture, denied a request for eight sessions of manipulative therapy, denied a request for four sessions of physical therapy, and denied a knee brace. Non-MTUS-ODG guidelines were used to approve the followup evaluation. The claims administrator employed non-MTUS-ODG guidelines and non-MTUS Minnesota Administrative Rules to deny the knee and lumbar MRI imaging studies. Despite the fact that this appear to be a chronic pain case, the claims administrator nevertheless employed ACOEM to deny the request for manipulative treatment and also employed non-MTUS-ODG guidelines to deny the request for manipulative treatment to the knee, again despite the fact that both the MTUS Chronic Pain Medical Treatment Guidelines and ACOEM address the topic. Non-MTUS-ODG guidelines were invoked to deny the knee brace. Overall rationale was extremely difficult to follow. The applicant's attorney subsequently appealed. On May 30, 2014, the applicant reported 4-5/10 low back pain radiating to right leg with numbness and tingling about the same. The applicant did have a positive patellar grinding maneuver. The applicant did have a history of gallstones. A TENS unit, topical Terocin, and home exercises were endorsed while the applicant was placed off work, on total temporary disability.On January 7 2014, the applicant had apparently transferred care to a new primary treating provider. The

applicant had apparently last worked in July 2009, it was stated. The applicant had not worked since the date of injury, it was acknowledged. The applicant had had extensive treatment elsewhere, it was stated. The attending provider acknowledged that the applicant had had at least eight sessions of acupuncture. Manipulative therapy, acupuncture, physical therapy, a TENS unit, MRI imaging, and topical Terocin were endorsed while the applicant was placed off work, on total temporary disability. Urine drug testing was performed on February 4, 2014. A variety of opioid, benzodiazepine, barbiturate, and antidepressive metabolites were performed. Despite the fact that the drug testing came back negative for numerous items in the panel, the attending provider nevertheless stated that GC/MS confirmation was performed on "all drugs, excluding barbiturates, carisoprodol, and THC."

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug Screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 42 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish pacific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, state when the last time an applicant was tested, and attached an applicant's complete medication list to the request for authorization for testing. In this case, the attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The attending provider did not clearly document the applicant's medication list from visit to visit. The attending provider did not state when the applicant was last tested. It was further noted that ODG does not recommend confirmatory or quantitative testing outside of the Emergency Department Drug Overdose context. In this case, however, confirmatory/quantitative testing was performed without any specific rationale or documentation as to why. It is further noted that the testing for numerous opioid, benzodiazepine, and antidepressant metabolites did not conform to the best practice of the United States Department of Transportation (DOT), which ODG suggested adhering to. Since several ODG criteria for pursuit of drug testing/drug screening were not met, the request was not medically necessary.

MRI Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Minnesota Rules Parameters for Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-2, 335-336.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335-336, acknowledged that MRI imaging can be employed to confirm various diagnoses, including those of meniscal tear, collateral ligament tear, and anterior cruciate ligament tear, posterior cruciate ligament tear, and/or patellar tendinitis, ACOEM qualifies the recommendation by noting that such testing is indicated "only if surgery is contemplated." In this case, however, there was no mention or indication that the applicant was actively considering or contemplating knee surgery. It was not stated that the applicant would act on the results of the knee MRI in question and/or consider a surgical remedy were it offered to her. Therefore, the request is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Minnesota Rules Parameters for Imaging.

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. In this case, however, there is no evidence that the applicant is actively considering or contemplating any kind of surgical remedy insofar as the lumbar spine is concerned. Therefore, the request is not medically necessary.

Acupuncture 2 X 4 to lumbar spine and right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant has had prior acupuncture through an earlier primary treating provider, the applicant's current treating provider acknowledged in his January 2014 progress note. As noted in MTUS 9792.24.1.d, acupuncture may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the fact that the applicant remains off of work, on total temporary disability, several years removed from the date of injury, implies a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request for additional acupuncture is not medically necessary.

Chiropratic Manipulations 2 X 4 to lumbar spine and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines Manipulation Low Back. Decision based on Non-MTUS Citation Official Disability Guidelines Knee Chiropractic guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 58.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manipulative therapy is specifically deemed "not recommended" for issues involving the knee, one of the body parts for which the attending provider is seeking the same. No rationale for pursuit of manipulative therapy for the knee was proffered in the face of the unfavorable MTUS position on the same. Therefore, the request is not medically necessary.

Physical Therapy 2 x 2 Lumbar spine and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines , Physical Therapy guidelnes.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20f. Page(s): 8.

Decision rationale: The applicant has had prior unspecified amounts of physical therapy over the course of the claim. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is needed at various milestones in the treatment program so as to justify continued treatment. In this case, however, the fact that the applicant remains off of work, on total temporary disability, and remains highly reliant and highly dependent on various oral and topical medications, including Naprosyn and Terocin, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.

Right Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Kruse 2012 Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 340, for the average applicants, a knee brace use is unnecessary. A knee brace, per ACOEM, is necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. In this case, however, the applicant is off of work, on total temporary disability. The applicant is unlikely to be stressing the knee under load, climbing ladders, and/or carrying boxes. Therefore, the knee brace is not medically necessary.