

Case Number:	CM14-0063362		
Date Assigned:	07/11/2014	Date of Injury:	01/28/2013
Decision Date:	08/20/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/05/2014

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 and Pain Medicine and is licensed to practice in Texas & Ohio. 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 injured worker is a 43-year-old female who reported an injury on 01/28/2013. The injured worker stated the mechanism of injury happened when a special education student ran into her with full force and struck her in the back. The injured worker stated that there was another incident in which she turned around the leaned against a table and placed her right leg on a book case, when the student put all of his bodyweight on her right leg. Then she felt her right knee buckle, experiencing immediate pain. The injured worker complained of low back pain that radiated to her left lower extremity. She also complained of medial joint line pain in the right knee. On 02/19/2014, the physical examination revealed tenderness to palpation of the lumbar paraspinal musculature. She had a positive straight leg raise on the left. She had a negative patellar grind test on the right knee. An x-ray taken on 02/19/2014, revealed no appreciable deformity or alignment. The documentation provided stated that the injured worker had an MRI of the lumbar spine on 03/22/2013. The MRI revealed mild bilateral stenosis and lateral recess at L4-5 due to a 2.5 mm disc protrusion. The injured worker had diagnoses of lumbar spine musculoligamentous injury, disc protrusions L4-5 and L5-S1, right hip labral injury, right knee medial meniscal tear, and left lumbar radiculopathy. A list of the injured worker's current medications was not submitted. There was no documentation of the past treatment methods. The requests were submitted by the physician in hopes of obtaining a complete history of the injured worker's prior treatment, to further assess how to proceed with future treatment. The request for authorization forms of the MRI for the right knee and hip, acupuncture, and pain management consultation were dated 03/28/2014. There was no request for authorization form for the requests of chiropractic treatment, and review of all medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment to the lumbar spine 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Low Back Procedure Summary Official Disability Guidelines, Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page(s) 58-60 Page(s): 58-60.

Decision rationale: The injured worker has a history of pain to the low back and the right knee. The CAMTUS guidelines recommend low back chiropractic treatment as an option. The guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The physician stated in the documentation that the injured worker received chiropractic treatment prior to this request with functional improvement. However, there is no documentation of the functional improvement with the prior treatment or the number of visits she has already had. There is a lack of a recent assessment of the injured worker's current condition which demonstrates significant functional deficits for which chiropractic care would be indicated. Given the above, the request for Chiropractic Treatment to the lumbar spine 2 x 4 is not medically necessary and appropriate.

Acupuncture to the right hip 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Hip & Pelvis Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker had a history of pain in the low back and the right knee. The CA MTUS guidelines recommend for acupuncture therapy time to produce functional improvement of 3 to 6 months, a frequency of 1 to 3 times per week, and an optimum duration of 1 to 2 months, which may be extended if functional improvement is documented. The guidelines note acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The request for acupuncture to the right hip 2 times 4 is within the recommended guidelines. There is a lack of a recent assessment of the injured worker's current condition which demonstrates significant functional deficits for which acupuncture would be indicated. There is a lack of documentation indicating the injured worker's pain medication is reduced or not tolerated and indicating the acupuncture will be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. However, the request failed to indicate the frequency. Given the above, the request for Acupuncture to the right hip 2 x 4 is not medically necessary and appropriate.

Initial Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Pain Procedure Summary, Evaluation and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The injured worker has a history of pain to the low back and the right knee. The CAMTUS guidelines state that consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The injured worker has experienced pain longer than 3 months; however, the documentation provided did not indicate what medications the injured worker was taking. There is no documentation that would indicate the usage of opioids. There is a lack of documentation detailing the injured worker's prior courses of treatment. The requesting physician's rationale for the referral to pain management was not provided within the medical records. Given the above, the request for Initial Pain Management Consultation is not medically necessary and appropriate.

Review of all medical records and issuing reports while treating x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Utilization Review and Independent Medical Review Regulations Title 8, California Code of Regulations Chapter 4.5 Division of Workers' Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visit.

Decision rationale: The injured worker had a history of pain to the low back and right knee. The Official Disability Guidelines state that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. Additional evaluation and consulting amongst medical offices is encouraged. The requesting physician's rationale for the request for 4 visits was not indicated. The requesting physician did not indicate the type of reports being requested. Given the above, the request for Review of all medical records and issuing reports while treating x 4 is not medically necessary and appropriate.

MRI of the right knee and right hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Hip & Pelvis Procedure Summary, Indications for

Magnetic Resonance Imaging Official Disability Guidelines, Treatment in Workers
Compensation, Knee and Leg Procedure, MRI's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Knee & leg, MRI (magnetic resonance imaging) and Hip & Pelvis, MRI's (magnetic resonance
imaging).

Decision rationale: The injured worker has a history of pain to the low back and right knee. The ACOEM guidelines state that MRIs are superior to arthrography for both diagnosis and safety reasons, and the risk for complications are low. The Official Disability Guidelines state that MRIs are recommended for soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) as they are best evaluated by MRI. The Official Disability Guidelines state that in regards to the hip, MRIs are not recommended for suspected labral injuries. The guidelines recommend the use of MR arthrography. Although, the injured worker has medial joint line pain of the right knee upon physical examination, there is lack of significant objective findings to indicate the need for an MRI on the basis of a probable medial meniscus tear. The injured worker did not present with a positive McMurray's test, a feeling of the knee giving way, or locking, clicking, and popping in the knee. The guidelines recommend the use of MR arthrography. Since the MRI was requested to confirm the diagnoses of a labral tear, it is not medically supported. Given the above, the request for MRI of the right knee and right hip is not medically necessary and appropriate.