

<b>Case Number:</b>	CM14-0065302		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 70-year-old female who reported an injury on 07/18/2012, due to tripping and falling. The injured worker has a history of right wrist/hand pain, right knee pain and left ankle pain. The injured worker has diagnoses of lumbar spine strain and right carpal tunnel syndrome. The MRI dated 06/05/2014 of the lumbar spine revealed lordosis of the lumbar with conus medullaris terminates in normal position. Her lumbar soft tissue was normal. A 12 mm focus on high T1 and T2 weighted signal intensity noted at the L1 vertebral body, consistent with a hemangioma. The past treatments included a facet joint injection at the L4-5 and L5-S1, medication and H-Wave unit. The diagnostics included an electromyogram and nerve conduction study dated 01/09/2014. The medication included Naproxen with a recorded rate of pain of 8/10 to the lower back region, with 3/10 to the ankle. The objective findings dated 06/06/2014, revealed a restricted range of motion of the lumbosacral back second to pain, tender lumbosacral paraspinal muscles, ambulates with the assistance of a cane. The treatment plan included continues medication as prescribed, continue with H-Wave unit, and remain active as tolerated and follow-up in 4 weeks. Request for Authorization was not submitted with documentation. The rationale for the MRI of the lumbar spine, MRI of right wrist, MRI right knee, pain medication consultation follow-up, and orthopedist's consultation was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI Lumbar Spine: Upheld**

**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.

**Decision rationale:** The request for an MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause magnetic resonance imaging for neural or other soft tissue, computed tomography. Per the clinical note dated 07/30/2014, the injured worker had showed improvement on assessment. Per the clinical notes range of motion had improved, no numbness or radiating pain to the upper or lower extremities. Motor and sensory examination revealed normal findings. The injured worker was able to return to work with breaks. The documentation was not evident that the injured had not responded to treatment. The request did not specify which region of the lumbar back was to be scanned. As such, the request is not medically necessary.

## **MRI wright wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Forearm, wrist and complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) MRI's (magnetic resonance imaging).

**Decision rationale:** The request for the MRI right wrist is not medically necessary. The Official Disability Guidelines recommend as indicated below acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect gamekeeper injury. Chronic wrist pain, plain films normal, suspect soft tissue tumor. Chronic pain wrist, plain film normal or equivocal, suspect Kienbock's disease. A repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Per the clinical note provided the injured worker's

injury was in 2012. No acute fracture was noted. No new trauma noted. Medical necessity has not been established. As such, the request is not medically necessary.

**MRI right knee:** 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): 330-331.

**Decision rationale:** The request for MRI right knee is not medically necessary. The California MTUS/ACOEM indicates that certain findings on the history and physical examination raise suspicion of serious underlying medical conditions such as red flags. Their absence rules out the need for special studies, referrals, or inpatient care during the first 4 to 6 weeks, when spontaneous recovery is expected (providing any inciting workplace factors are mitigated). The complaints can be classified into 1 of the 4 working categories, fractures, dislocation, infection, neurovascular compromise, or tumors etc. Mechanical disorders including derangements of the knee related to acute trauma, such as ligament strains or meniscus or ligament tears. Degenerative disorders, consequences of aging or repetitive use or a combination thereof. Such as patellofemoral syndrome and nonspecific disorders occurring in the knee and suggesting either internal derangement or non-referred pain. The clinical notes were not evident of any objective findings for the knee. Documentation was not evident of any red flags. As such, the request is not medically necessary.

**Pain medication consultation follow-up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

**Decision rationale:** The request for pain medication consultation follow-up is not medically necessary. The California MTUS/ACOEM recommend as determined to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of the injured worker and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon the review of the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medication the patient is taking, since some medications, such as opiates or medications such as antibiotics, require close monitoring. The clinical note provided did not indicate that it was medically necessary for the injured worker to have a pain medication consult. The pain medication included naproxen with a rated pain of 8/10 without treatment and ankle was 3/10, not warranting any special circumstances that would warrant a consultation. The consultation did not specify what location the injured worker needed for pain control. As such, the request is not medically necessary.

**Orthopedist consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

**Decision rationale:** The request for pain medication consultation follow-up is not medically necessary. The California MTUS/ACOEM recommend as determined to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of the injured worker and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon the review of the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medication the patient is taking, since some medications, such as opiates or medications such as antibiotics, require close monitoring. The clinical note provided did not indicate that it was medically necessary for the injured worker to have a pain medication consult. The pain medication included naproxen with a rated pain of 8/10 without treatment and ankle was 3/10, not warranting any special circumstances that would warrant a consultation. The consultation did not specify what location the injured worker needed for pain control. As such, the request is not medically necessary.