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| Case Number: | CM14-0088888 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 07/25/2013 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 05/28/2014 |
| Priority: | Standard | Application Received: | 06/12/2014 |

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 Pain Medicine and is licensed to practice in Texas and 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 62-year-old male who reported injury on 07/25/2013. The mechanism of injury was the injured worker misstepped coming off of a ladder and fell injuring his back and right knee. The diagnoses were noted to include sprain of the lumbar region, sprain of the knee and leg and tear of the meniscus. The injured worker was noted to have an MRI on 02/11/2014. The prior treatment was noted to include physical therapy, activity modification, medications and an MRI of the right knee and lumbar spine. The injured worker underwent a right knee diagnostic arthroscopy, partial medial meniscus resection and arthroscopic synovectomy involving the medial and lateral compartments of the knee on 06/07/2014. The MRI dated 02/11/2014 revealed the injured worker had at the L4-5 disc space a 2 mm broad based posterior disc protrusion which together with degenerative facet disease resulted in a moderate bilateral neural foraminal narrowing and mild central canal stenosis. At L5-S1 disc level there was a 2 mm broad based posterior disc protrusion which together with degenerative facet disease and redundancy of the ligamentum flavum resulted in mild bilateral neural foraminal narrowing and mild central canal stenosis. At the level of L1-2 there was 1 mm broad based posterior disc protrusion resulting in a mild central canal stenosis and minimal bilateral neural foraminal narrowing. The documentation of 11/05/2013 revealed the injured worker had complaints of right knee pain and swelling, low back pain and leg radiculopathy. The physical examination revealed the injured worker had tenderness in the paralumbar region and decreased range of motion. There was a positive straight leg raise on the right. The injured worker had 5/5 strength in the bilateral lower extremities, and deep tendon reflexes were normal and symmetric in the patellar and Achilles tendons bilaterally. The diagnoses included lumbar strain rule out disc pathology. The treatment plan included an MRI of the lumbar spine and right knee. There was

no Request for Authorization made for the lumbar spine MRI. There is no specific physician note requesting the medication Mentherm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging of the low back.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter, Magnetic Resonance Imaging.

Decision rationale: The Official Disability Guidelines indicate that repeat MRIs should be reserved for injured worker's with significant change in symptomatology or a significant change in objective physical examination findings. The clinical documentation submitted for review indicated the injured worker had previously undergone an MRI of the lumbar spine. There was a lack of documentation indicating the injured worker had a significant change in symptomatology or objective findings. The injured worker was noted to have undergone an MRI on 02/11/2014. Given the above, the request for magnetic resonance imaging of the low back is not medically necessary.

Mentherm ointment 120gm.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Salicylates Page(s): 111; 105.

Decision rationale: The California MTUS Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review failed to provide a documented rationale for the requested medication. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication as well as the body part to be treated with the Mentherm. Given the above, the request for Mentherm ointment 120 gm is not medically necessary.