MAXIMUS Federal Services

Case Number:	CM14-0096285		
Date Assigned:	08/08/2014	Date of Injury:	05/10/2009
Decision Date:	09/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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 and knee pain reportedly associated with an industrial injury of May 10, 2009. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of physical therapy; and earlier knee arthroscopy. In a Utilization Review Report dated June 4, 2013 in one section of the note and later dated June 5, 2014 in another section of the note, the claims administrator denied a request for massage therapy/traction, an epidural steroid injection, a follow-up visit with ortho, electrodiagnostic testing of lower extremity, a dermatology referral, MRI imaging of the left knee, and an internist evaluation. The claims administrator stated that he was basing his denial of the dermatology referral on the grounds that the applicant's skin issues were not accepted as part of her industrial injury. The claims administrator also stated that this article had been previously denied on several occasions. The claims administrator denied the request for an epidural injection on the grounds that the item had previously been denied and also on the grounds that the applicant did not have a verifiable radiculopathy. Overall rationale was sparse and comprised almost exclusively of cited guidelines and reprisals of previous Utilization Review decisions. The applicant's attorney subsequently appealed. In a May 23, 2014 progress note, the applicant reported persistent complaints of low back and bilateral knee pain with lower extremity paraesthesias. The applicant was having issues with heightened anxiety and depression, it was stated. 4+/5 lower extremity strength was noted. The applicant was asked to follow up with an orthopedic spine surgeon, pursue additional physical therapy/manipulative therapy, obtain a pain management referral, and obtain an internal medicine consultation for issues associated with weight management, hypertension, reflux, and somatoform disorder. Updated electrodiagnostic

testing of the lower extremity was sought to reportedly monitor the applicant's progress. The applicant's primary treating provider/requesting provider was a chiropractor, it was acknowledged. The applicant was placed off of work, on total temporary disability. In an earlier note dated April 25, 2014, the applicant was again placed off of work, on total temporary disability, owing to heightened complaints of low back and knee pain. The treating provider reported that the applicant was less functional than before. A follow-up visit with a spine surgeon and an epidural injection were sought, along with an internal medicine consultation to address hypertension, reflux, and weight management. The applicant was obese, standing 5 feet 5 inches tall and weighing 192 pounds, it was acknowledged. The applicant's blood pressure, however, was 128/80. Updated electrodiagnostic testing and epidural steroid injection therapy were again sought, along with continued chiropractic manipulative therapy. In a psychiatric medical-legal evaluation of May 15, 2014, the applicant was given a global assessment of function (GAF) of 65 based on a primary diagnosis of adjustment disorder with depressed mood. On July 18, 2014, the applicant's primary treating provider, a chiropractor, again sought authorization for knee MRI imaging, epidural steroid injection therapy, a pain management consultation, a spine surgery follow-up visit, and an internal medicine consultation while the applicant was placed off of work, on total temporary disability, through August 28, 2014. The remainder of the file was surveyed. There was no clear description of issues involving the skin on any of the furnished progress notes. It was not readily apparent or evident why or for what purpose the dermatology consult at issue was being sought. On May 28, 2014, the applicant's secondary treating provider stated that ongoing usage of gabapentin was beneficial. Progress notes dated January 3, 2014, January 31, 2014, and March 28, 2014 made no explicit mention of dermatologic issues. The applicant was placed off of work, on total temporary disability, on each occasion. The dermatology referral was apparently sought via a request for authorization form dated January 4, 2014, in which it was stated that the applicant was asked to consult a dermatologist for issues associated with skin irritation. These were not elaborated or expounded upon in any of the progress notes provided, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMT, IF, MFRT, mechanical traction one time a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308,Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The request for continued chiropractic manipulative therapy to include modalities such as mechanical traction is not medically necessary, medically appropriate, or indicated here. As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manipulative treatment is not recommended for the knee, one of the primary pain generators here. Similarly, the MTUS Guideline in ACOEM Chapter 8, Table 12-8, page 308 notes that traction, another modality being sought here, is also deemed "not recommended." It is further

noted that, while pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is off of work, on total temporary disability. The applicant is reportedly less functional, the attending provider has posited, despite earlier chiropractic manipulative therapy in unspecified amounts over the life of the claim. Continuing a previously tried and failed treatment modality is not recommended. Therefore, the request is not medically necessary.

Lumbar spine epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection, criteria for the use Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The request for a lumbar epidural steroid injection is not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines epidural steroid injections are indicated as an option for treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does qualify this recommendation by noting that repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, the attending provider has not outlined whether or not the applicant has had prior epidural blocks and, if so, what the response was, whether or not the block in question is a diagnostic block versus a therapeutic block, and/or how (or if) diagnosis of radiculopathy was definitively arrived upon/established. Therefore, the request is not medically necessary.

Electromyography (EMG) of the lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The request for electromyography of the lower extremity is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for a diagnosis of clinically obvious radiculopathy. In this case, the information on file does point to the applicant's carrying a diagnosis of clinically-evident radiculopathy. It is not clearly stated or established how repeat electrodiagnostic testing would materially alter the treatment plan. The attending provider did not state, for instance, that earlier MRI imaging was equivocal and that EMG testing was being ordered to clarify the source of the applicant's radicular complaints. It appears, furthermore, that the applicant has had prior electrodiagnostic testing, the results of

which have not been clearly reported and which could theoretically obviate the need for the repeat study at issue here. Therefore, the request is not medically necessary.

Nerve Conduction Velocity (NCV) testing of the lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Summary, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: The request for nerve conduction testing of the lower extremity is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies are "not recommended" for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, there was no clearly voiced suspicion of any entrapment neuropathy, tarsal tunnel syndrome, generalized peripheral neuropathy, diabetic neuropathy, etc., which would compel the nerve conduction testing of the lower extremity at issue. Therefore, the request is not medically necessary.

Dermatology referral: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: The dermatology referral is not medically necessary, medically appropriate, or indicated here. While page 1 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a specialist evaluation may be necessary in an applicant who has persistent complaints which prove recalcitrant to conservative management, in this case, however, the attending provider has not elaborated or expounded upon the applicant's dermatologic issues in any meaningful way. It was not stated what dermatologic issues (if any) the applicant has. The attending provider did not describe the nature of the applicant's skin lesions (if any) and/or skin symptoms (if any) on any of the provided progress notes. Therefore, the request is not medically necessary.

MRI of the left knee: 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 (ODG), Procedure Summary, Knee.

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

Decision rationale: The request for MRI imaging of the left knee is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335-336 does acknowledge that MRI imaging can be employed to confirm a diagnosis of meniscal tear, collateral ligament tear, anterior cruciate ligament tear, posterior cruciate ligament tear, patellar tendinitis, etc., ACOEM qualifies the recommendation by noting that such testing is indicated "only if surgery is contemplated." In this case, however, there is no indication that the applicant is actively considering or contemplating any kind of surgical intervention insofar as the knee is concerned. The requesting provider is a chiropractor, not a surgeon. Thus, there is neither an explicit statement nor an implicit expectation that the applicant would act on the results of the knee MRI in question and/or pursue a surgical remedy were it offered to him. Therefore, the request is not medically necessary.

Internist evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The internist evaluation, conversely, is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating a "particular cause" of delayed recovery. In this case, the requesting provider is a chiropractor. The applicant's chiropractor has posited that the applicant has issues with weight gain/obesity, hypertension, and GERD. The applicant's primary treating provider, a chiropractor, is likely uncomfortable addressing these particular issues. Obtaining the added expertise of a practitioner who is better-suited to address these issues, such as an internist, is therefore indicated. Accordingly, the request is medically necessary.