

Case Number:	CM13-0022322		
Date Assigned:	11/13/2013	Date of Injury:	07/17/2003
Decision Date:	01/23/2015	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/10/2013

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 Neurology 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 injured worker (IW) is a 60 year old male with a date of injury of 7/17/03. The mechanism of injury is reported to be a trip and fall accident while carrying plumbing material. The IW is reported to have injured his right knee. The IW also reported lower back pain at the time of the event. The IW is reported to have had two arthroscopic procedures on his right knee before undergoing a total knee replacement in May of 2009. The IW continued to complain of right knee pain after the total knee replacement in addition to continued lower back pain. Per the exam notes of 4/29/2010, the IW demonstrated decreased range of motion in the lumbar spine in flexion (he is able to achieve only 45 degrees when 60 degrees is considered normal) and extension (demonstrated 18 degrees of flexion when 25 degrees is normal). The straight leg raises are reported as normal bilaterally. The lower extremity examination is notable for swelling and enlargement of the right knee. The strength assessment of the right knee is limited by pain with mobility. The rest of the lower extremity examination is reported as normal. The IW has also undergone a diagnostic nerve block to the nerves surrounding the right knee. Per the treating physician, the IW's knee pain is due to the injury of the infrapatellar branches of the saphenous nerve, the right medial and lateral retinacular nerves and a lateral cutaneous nerve of the right knee. The IW has been treated for his knee pain utilizing amitriptyline topical cream (2%) in addition to Vicodin ES and Cymbalta 60 mg for oral medications. A previous request for an MRI of the lumbar spine in addition and EMG and nerve conduction studies was non-certified. In addition, the request for the use of "transdermal medications" without specification was determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Per the American College of Occupational and Environmental guidelines pertaining to obtaining imaging studies for low back pain, they should be reserved for cases in which surgery is considered or a red-flag diagnosis is being evaluated. In this case, the IW has limitations with mobility with regards to decreased motion in flexion and extension of the lumbar spine. The rest of the exam is reported as normal. This does not constitute a "red-flag" possible diagnosis and the exam does not reveal a condition that would benefit from surgery. Therefore, the request for an MRI of the lumbar spine is not medically necessary.

EMG (electromyography) of bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When evaluating patients with low back pain, the recommendations contained in the in the American College of Occupational and Environmental guidelines do not recommend obtaining an EMG (and the accompanying nerve conduction study) in the absence of lower extremity symptoms. In this case, the IW does have knee pain, however, the source of the pain is focal nerve dysfunction of the infrapatellar branches of the saphenous nerve, the right medial and lateral retinacular nerves and a lateral cutaneous nerve of the right knee. This evidence supported by the diagnostic nerve block that has already been performed on the IW. There is no evidence the pain is coming from a lumbar radiculopathy based on the exam as well. Therefore, the request to obtain an EMG is not medically necessary.

NCV (nerve conduction velocity) of bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-3.

Decision rationale: When evaluating patients with low back pain, the recommendations contained in the in the American College of Occupational and Environmental guidelines do not

recommend obtaining an EMG (and the accompanying nerve conduction study) in the absence of lower extremity symptoms. In this case, the IW does have knee pain, however, the source of the pain is focal nerve dysfunction of the infrapatellar branches of the saphenous nerve, the right medial and lateral retinacular nerves and a lateral cutaneous nerve of the right knee. This evidence is supported by the diagnostic nerve block that has already been performed on the IW. There is no evidence the pain is coming from a lumbar radiculopathy based on the exam as well. Therefore, the request to obtain nerve conduction test is not medically necessary.

Transdermal medications: Upheld

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

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

Decision rationale: Per the guidelines contained within the Chronic Pain Medical Treatment Guidelines, the use of topical agents containing a drug or drug class that is not recommended cannot be recommended. In this case, the only reported transdermal medication the IW has reportedly used is a topical 2% amitriptyline for his knee pain. This is a drug class that is not supported in its use of topical administration. Therefore, this request is not medically necessary.