

Case Number:	CM14-0210207		
Date Assigned:	12/23/2014	Date of Injury:	05/23/2014
Decision Date:	02/13/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/23/14 when, while he was changing a truck tire, he had low back pain. Treatments included 3-4 sessions of physical therapy and medications. He was seen on 09/24/14. He was having radiating neck and low back pain and bilateral knee pain. He was taking medications for elevated cholesterol and cardiac problems but was unable to recall the medication names. Physical examination findings included cervical, thoracic, and lumbar spine tenderness with muscle spasm. There was lumbar spinous process, interspinous ligament, posterior superior iliac spine, sciatic notch, and facet joint tenderness. There was decreased cervical and lumbar spine range of motion. He had decreased quadriceps strength bilaterally. Straight leg raising was negative. There was bilateral knee crepitus with joint line and patellar tenderness and positive grind test. Imaging results were reviewed. Recommendations included physical therapy and acupuncture with consideration of intra-articular knee injections. On 10/27/14 he was having ongoing symptoms. Physical examination findings included bilateral knee joint tenderness with positive McMurray testing and pain with patellofemoral compression. Authorization for MRI scans of the cervical and lumbar spine was requested. Medications and analgesic cream were continued. On 12/08/14 the claimant's condition appears unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of acupuncture: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is more than 6 months status post work-related injury and continues to be treated for radiating neck, low back, and bilateral knee pain. Treatment has included physical therapy and medications. Guidelines recommend acupuncture as an option and as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the claimant has already had physical therapy and would be expected to be able to perform a home exercise program in combination with acupuncture treatments. The requested number of treatments is within guideline recommendations and therefore is medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant is more than 6 months status post work-related injury and continues to be treated for radiating neck, low back, and bilateral knee pain. Treatment has included physical therapy and medications. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore is not medically necessary.

MRI lumbar spine: Upheld

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

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

Decision rationale: The claimant is more than 6 months status post work-related injury and continues to be treated for radiating neck, low back, and bilateral knee pain. Treatment has included physical therapy and medications. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as

suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore is not medically necessary.

Meds/Analgesic cream: 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 Introduction Page(s): 6-7.

Decision rationale: The claimant is more than 6 months status post work-related injury and continues to be treated for radiating neck, low back, and bilateral knee pain. Treatment has included physical therapy and medications. Guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In this case, the actual medications being prescribed are not specified and therefore, as it was requested, it is not medically necessary.