

Case Number:	CM14-0039181		
Date Assigned:	07/30/2014	Date of Injury:	01/08/2002
Decision Date:	01/05/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/03/2014

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:

56 year old claimant with industrial injury noted to be 1/8/02. Exam note from 2/25/14 demonstrates report of tenderness along the joint line and no weakness. Claimant is status post three arthroscopies to the right knee. Report of continued usage of medications has helped with current pain levels. Exam note 3/27/14 demonstrates claimant has not worked since 2000. Report demonstrates tenderness along the lumbar spine. Flexion is 15 degrees with tenderness noted on the knees. Report is made of lumbar radiculopathy with pain traveling along the lower extremities. Tenderness is noted along the joint line. Prior utilization review 3/14/14 demonstrates that no request was made by treating provider's office for blood testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative blood testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Risk assessment for and strategies to reduce perioperative pulmonary complications for patients undergoing noncardiothoracic surgery: a guideline from the American College of Physicians. American College of Physicians - Medical Specialty Society. 2006 Apr

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, Preoperative testing

Decision rationale: As the requesting physician's office, no blood testing was requested per a peer to peer call on 3/13/14. In addition, there is insufficient information in the treating physician reports regarding any medical necessity for specific blood tests, including pre-operative tests. The cited guidelines discuss the need for specific blood tests to address specific risk factors. The specific tests and the specific risk factors are not addressed in the medical records. The unspecified "blood testing" is therefore not medically necessary.

Hinged knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace section

Decision rationale: CA MTUS / ACOEM are silent on the issue of hinged knee brace. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The cited medical records demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. Therefore the request for durable medical equipment, knee brace, is not medically necessary and appropriate.

EMG of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation The Official Disability Guidelines, Low Back- Lumbar and Thoracic (Acute & Chronic)

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

Decision rationale: Per the CA MTUS/ACOEM Guidelines Low Back Complaints, page 303-304 regarding electrodiagnostic testing, it states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. Table 12-8 recommends against EMG for clinically obvious radiculopathy. In this particular patient there is no indication of criteria for electrodiagnostic studies based upon physician documentation or physical examination findings. There is clear documentation of lumbar radiculopathy from the cited records and exam note from

3/27/14. Therefore the request of the electrodiagnostic studies is not medically necessary and appropriate.

NCS of the lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute & Chronic)

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, Nerve conduction studies

Decision rationale: CA MTUS/ACOEM is silent on nerve conduction velocity testing. According to the ODG Low Back, nerve conduction studies (NCS) states it is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this particular case the exam note from 3/27/14 demonstrates clear evidence of lumbar radiculopathy. Therefore there is no justification for NCS and determination is for not medically necessary.

Spinal consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288 and 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: CA MTUS/ACOEM guidelines, low back complaints, page 288 recommends referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. There is no evidence in the cited records of significant and specific nerve root compromise or confirmed diagnostic study to warrant referral to a neurosurgeon or specialist. Therefore the cited guidelines criteria have not been met and determination is not medically necessary.

CT myelogram of the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59 & 303.

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, Myelogram

Decision rationale: CA MTUS/ACOEM is silent on the issue of CT myelogram of the lumbar spine. According to the ODG Low Back, Myelogram is indicated when MRI is not available,

contraindicated, or inconclusive or CT myelogram is used as a supplement when visualization of neural structures is required for surgical planning or other specific problem solving. In this case it is unclear why advanced imaging such as MRI or CT myelogram is indicated. There is no evidence in the exam note from 3/27/14 documenting any progressive or new neurologic deficit to warrant imaging. Therefore the determination is not medically necessary.

Soma 120mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain) and Weaning of me.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. In this case, the exam note from 3/27/14 does not demonstrate prior dosages and response to Soma. In addition, the guidelines do not recommend long term use. Therefore the determination is not medically necessary.