MAXIMUS Federal Services

Case Number:	CM15-0000582		
Date Assigned:	01/12/2015	Date of Injury:	12/19/2010
Decision Date:	03/10/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Emergency Medicine

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 63 year old female, who sustained an industrial injury on 12/19/2010. She has reported low back pain radiating to bilateral lower extremities left buttock, left shoulder and cervical spine. The diagnoses have included disorder of the sacrum, tear of the posterior medical meniscus and closed dislocation of left shoulder. Past medical history includes ulcerative colitis with a ruptured ulcer and repair, dislocated sacrum, shoulder and right meniscal tear. A PR-2 dated 9/16/2014 reports the IW was in moderate distress and globally had decreased range of motion with pain. Her gait was noted to be altered and slow. A follow-up PR-2 dated 11/14/2014 reports continued 8/10 leg and extremity pain. Impression included chronic pain syndrome, lumbar spinal stenosis and acute and chronic bilateral knee pain. Previous imaging reported in the submitted documentation included an MRI 8/2011 of the lumbar spine and an MRI of the right knee 3/2012. Treatments have included bilateral knee arthroscopies and oral analgesics including Norco, Ambien, and Soma. The IW remains disabled. On 12/30/2014 UR non-certified a request for physical therapy, aqua therapy, Norco, bilateral knee magnetic resonance imaging, L-spine MRI, and a APTUS referral. Cited guidelines were not included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X4 & AQUATIC PT 1X4: 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 Aquatic Therapy, physical medicine Page(s): 22-23, 98-99.

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation as well as aquatic therapy are used in support of this decision. Documentation does not indicate if the IW has previously received either of these therapies. The IW remains disabled. The IW has recurrent prescriptions for pain medications without any mention of decreasing dosing or frequency. There is no documentation to assess activities of daily living. The request does not specify goal of either therapy, nor does direct which body part the therapy is directed to treat. Without this information, the requests for physical therapy and aquatic therapy are not medically necessary.

NORCO 7.5/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods for chronica pain Page(s): 80-81.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency, duration, or number to dispense. There is reference to one toxicology report completed in 2013, but the specifics of this report included in the record. The request for Norco analgesia is not medically necessary.

MRI OF L-SPINE & APTUS REFERRAL: 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): 303-304. Decision based on Non-MTUS Citation Back

Decision rationale: CA MTUS ACOEM guidelines recommends imaging studies for cases "in which surgery is considered or red-flag diagnoses are being evaluated." ODG guidelines state

"repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Documentation does not support significant changes in subjective complaints of objective findings. There is not documentation of new injuries or adjustments to analgesic medication. The IW previous had a lumbar MRI. There is no mention of surgeon evaluation or treatment. The request for a lumbar MRI is not medically necessary. Therefore, the request for APTUS referral is also not medically necessary.

MRI BILATERAL KNEES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 342-343. Decision based on Non-MTUS Citation Knee & Leg

Decision rationale: CA MTUS ACOEM guidelines recommend imaging in most circumstances until after a period of conservative and observation. ODG guidelines recommend MRI for the knee to evaluate soft tissue injuries. Repeat MRIs are recommended if there "is a need to assess knee cartilage repair tissue" Furthermore, "MRI was considered unnecessary if: xrays alone could establish the diagnosis, patellofemoral pain with a normal ligamentous and medical exam, the knee pain resolved before seeing an orthopedic surgeon, or the MRI findings had no effect on treatment outcomes" The submitted materials do not include a detailed examination of ligaments in either knee. The IW previously underwent arthroscopies to both knees, but the surgical reports are not included in the records and it is unknown if there was tissue repair. There is no documentation of a new injury or worsening pain, The IW is not currently under the care of an orthopedic provider. The request for bilateral knee MRI studies is not medically necessary.