

<b>Case Number:</b>	CM15-0017216		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	06/01/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56-year-old male who sustained a work related injury June 1, 2013. He had a misstep while climbing down a ladder and fell backwards onto his back and his head snapped backwards while he tried to break his fall, injuring his right upper extremity. He had difficulties with his neck, right shoulder region, right hand, and wrist. An initial primary treating physician's orthopedic spine surgery consultation and request for authorization dated December 16, 2014, finds the injured worker presenting with complaints of neck pain radiating into the left shoulder, 8/10, with and without medication and low back pain radiating into the upper buttocks and right hip, 8/10, with and without medication. Assessment is documented as L4-5 disc degeneration; L5-S1 facet arthropathy versus sacroiliac joint dysfunction; right shoulder impingement syndrome; right carpal tunnel syndrome and bilateral knee degenerative joint disease, mild. Treatment plan included requests for right knee injection of Synvisc, physiotherapy, MRI, EMG/NCV studies, Pennsaid and pain management consult. Work status is documented as permanent and stationary. According to utilization review dated January 6, 2015, the request for Right Knee Synvisc One Injection is non-certified, citing ODG (Official Disability Guidelines). The request for MRI of the Lumbar Spine is non-certified, citing MTUS ACOEM Guidelines. The request for Pennsaid is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines and ODG (Official Disability Guidelines). The request for Random Urine Drug Toxicology Screening is non-certified, citing ODG (Official Disability Guidelines).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right Knee Synvisc 1 injection:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee and leg chapter has the following regarding hyaluronic acid injections.

**Decision rationale:** This patient presents with neck pain, shoulder pain, intermittent arm radiating pain, and has developed weakness in the right hand grip strength. The patient also complains of low back pain and bilateral knee pain. The current request is for right knee Synvisc injection. The utilization review denied the request stating that there is no documentation of physical therapy, prior medications, or other conservative treatment directed to the right knee. The MTUS Guidelines do not discuss hyaluronic acid knee injections. Therefore, we turned to ODG for further discussion. ODG Guidelines under its knee and leg chapter has the following regarding hyaluronic acid injections, recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAID, or acetaminophen), to potentially delay the total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. ODG further states that study is assessing the efficacy of intraarticular injection of hyaluronic acid compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but hyaluronic acid was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. In this case, the patient has a diagnosis of knee degenerative joint disease, and MRI of the bilateral knees dated 08/15/2014 revealed decrease in joint spaces in the patellofemoral joints of the knees. There is no indication that the patient has trialed Synvisc injection for the bilateral knees. ODG states that hyaluronic acid injections are recommended as a possible option for severe arthritis. Given the patient's diagnosis and MRI findings, the requested injection IS medically necessary.

### **MRI of Lumbar Spine:** 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): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, MRI.

**Decision rationale:** This patient presents with neck pain, shoulder pain, intermittent arm radiating pain, and has developed weakness in the right hand grip strength. The patient also complains of low back pain and bilateral knee pain. The current request is for MRI of the lumbar

spine. The utilization review denied the request stating there is no documentation of radicular pain or numbness/tingling in the current medical report. For special diagnostics, ACOEM Guidelines, page 303, states unequivocal objective findings that identifies specific nerve compromise to the neurological examination is sufficient evidence to warrant imaging in patients who did not respond well to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of the nerve dysfunction should be obtained before ordering imaging study. For this patient's now chronic condition, ODG Guidelines provide a thorough discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurological deficit. This patient has a date of injury of 06/01/2013. The medical file provided for review includes only 1 progress report dated 12/16/2014. According to this report, the patient presents with low back pain radiating into the upper buttocks and right hip. The patient underwent x-rays of the lower back on 12/16/2014 which revealed L4-L5 mild disk height loss, mild facet arthropathy at L5-S1, and no instability, and no fracture. In this case, although the patient has subjective complaint of low back pain that radiates into the upper buttocks and right hip, examination findings revealed no tenderness, sensory were intact in the bilateral lower extremities, and straight leg raise testing was negative. There is no neurological deficit noted. Furthermore, the patient has had an x-ray of the lumbar spine which showed mild findings. The requested MRI of the lumbar spine IS NOT medically necessary.

**Pennsaid:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ([www.drugs.com/mtm/pennsaid](http://www.drugs.com/mtm/pennsaid)) NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** This patient presents with neck pain, shoulder pain, intermittent arm radiating pain, and has developed weakness in the right hand grip strength. The patient also complains of low back pain and bilateral knee pain. The current request is for Pennsaid. The treating physician states that a prescription for Pennsaid was given to the patient to help treat the bilateral knee pain. This is an initial request for this medication. The utilization review denied the request stating that there is no documentation of intolerance to oral NSAID. The treating physician is requesting a topical NSAID called Pennsaid for the patient's bilateral knee pain. The MTUS Guidelines allow for the use of topical NSAID for peripheral joint arthritis and tendinosis. Given the patient's bilateral knee pain, the requested Pennsaid IS medically necessary.

**Random Urine Drug Toxicology Screening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Criteria for use of Urine Drug Testing, ([www.odg-twc.com](http://www.odg-twc.com)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** This patient presents with neck pain, shoulder pain, intermittent arm radiating pain, and has developed weakness in the right hand grip strength. The patient also complains of low back pain and bilateral knee pain. The current request is for random urine drug toxicology screening. MTUS Guidelines, page 76, under opiate management: J. consider the use of urine drug test is for the use of presence of illegal drugs. The ODG Guidelines under the pain chapter provide clear recommendation on how frequent urine drug screen should be obtained for various risk opiate users. The medical file provided for review includes 1 progress report dated 12/16/2014 which indicates that Pennsaid was dispensed. There is no other discussion regarding opiate medications. ODG Guidelines allow for once yearly urine drug screens for low-risk patients that are on opiate regimen. Given there is no indication that the patient is currently on opiate medication, the requested urine drug screen IS NOT medically necessary.