

<b>Case Number:</b>	CM15-0136758		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female who sustained an industrial injury on 5/22/14. She had complaints of lower back, right hip, left hip right and left knee pain. Treatments include: medications, physical therapy and acupuncture. Orthopedic qualified medical report dated 5/18/15 reports continued complaints of low back, bilateral hips and bilateral knee pain. The low back pain is constant aching, sharp, stabbing, rated 7/10. The pain radiates from low back to both hips, down the legs and into the ankles. Bilateral hip pain, the right more than the left, rated 4- 5/10. The pain radiates down the right leg and into the right ankle. Bilateral knee pain is excruciating with tightness and swelling. The right knee is worse than the left and the pain is there most of the time, rated 7/10 on the right knee and 5/10 on the left. Medication and heat help to relieve the pain. Diagnoses include: osteoarthritis of bilateral knee, mild degenerative lumbar disc disease, contusion of the lumbar spine and strain/sprain bilateral hips. Plan of care includes: medications, doctor follow up visits and home exercise program. Further surgery is not indicated now. Work status: work with restriction; avoid lifting more than 40 pound as a single lift and more than 20 pounds repeatedly for lumbar spine, avoid repeated squatting, kneeling, crawling and climbing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/ NCV of the lumbar spine and bilateral lower extremities (in house):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve conduction studies (NCS) Low Back - Lumbar & Thoracic (Acute & Chronic).

**Decision rationale:** The injured worker sustained a work related injury on 5/22/14. The medical records provided indicate the diagnosis of osteoarthritis of bilateral knee, mild degenerative lumbar disc disease, contusion of the lumbar spine and strain/sprain bilateral hips. Treatments have included medications, physical therapy and acupuncture. The medical records provided for review do not indicate a medical necessity for EMG/ NCV of the lumbar spine and bilateral lower extremities (in house). The medical records indicate this procedure was ordered on 01/07/2015, but there is no documentation of the outcome of the request. The MTUS recommends physiologic tests like Electromyography (EMG), including H-reflex tests, identifying subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The MTUS is silent on NCV of the lumbar spine; but the Official Disability Guidelines states there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The request is not medically necessary.

**TENS unit and supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The injured worker sustained a work related injury on 5/22/14. The medical records provided indicate the diagnosis of osteoarthritis of bilateral knee, mild degenerative lumbar disc disease, contusion of the lumbar spine and strain/sprain bilateral hips. Treatments have included medications, physical therapy and acupuncture. The medical records provided for review do not indicate a medical necessity for TENS unit and supplies. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. The medical records indicate there have been an ongoing request for TENS unit since at least 01/2015, but there is no documentation of the outcome of the request. The requests have not included a documentation of the goals of treatment. The request is not medically necessary.

### **Synvisc injection to the right knee (in house): 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)-TWC Knee and Leg Procedure Summary Online version last updated 05/05/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Hyaluronic acid injections.

**Decision rationale:** The injured worker sustained a work related injury on 5/22/14. The medical records provided indicate the diagnosis of osteoarthritis of bilateral knee, mild degenerative lumbar disc disease, contusion of the lumbar spine and strain/sprain bilateral hips. Treatments have included medications, physical therapy and acupuncture. The medical records provided for review do not indicate a medical necessity for Synvisc injection to the right knee (in house). The MTUS is silent on Synvisc (hyaluronic acid); but the Official Disability Guidelines recommends it as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement. The X-ray of the right knee dated 06/25/15 revealed mild joint space narrowing. There is no indication from the records the injured worker suffers from severe osteoarthritis of the right knee; neither do the records indicate the injured worker has failed knee aspiration. The Official Disability Guidelines Criteria for Hyaluronic acid injections are as follows: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; see Repeat series of injections above. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. The request is not medically necessary.

### **Massage therapy mid/low back 2x/3: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**Decision rationale:** The injured worker sustained a work related injury on 5/22/14. The medical records provided indicate the diagnosis of osteoarthritis of bilateral knee, mild degenerative lumbar disc disease, contusion of the lumbar spine and strain/sprain bilateral hips. Treatments have included medications, physical therapy and acupuncture. The medical records provided for review do indicate a medical necessity for Massage therapy mid/low back 2x/3. The MTUS recommends 4-6 visits for massage therapy as an adjunct to other recommended treatment (e.g. exercise). The medical records do indicate there was a request for exercise kit in the 05/06/2015 request. The request is medically necessary.

**Diagnostic ultrasound of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Knee and Leg Procedure Summary Online version last updated 05/05/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Ultrasound, diagnostic.

**Decision rationale:** The injured worker sustained a work related injury on 5/22/14. The medical records provided indicate the diagnosis of osteoarthritis of bilateral knee, mild degenerative lumbar disc disease, contusion of the lumbar spine and strain/sprain bilateral hips. Treatments have included medications, physical therapy and acupuncture. The medical records provided for review do not indicate a medical necessity for Diagnostic ultrasound of the right knee. The MTUS is silent on ultrasound of the knee. The official Disability Guidelines states that soft tissue injuries of the knee, like meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by Magnetic Resonance Imaging; however, ultrasound can be used for Acute Tear of the anterior cruciate injuries in the presence of a hemarthrosis or for follow-up. The medical records indicate there was no documentation of the physical examination findings of the right knee. Though there were records of previous knee X-rays, these precede the injury date. Also, the requested test is not the preferred test for knee disorders. Therefore, the requested test is not medically necessary.

**Diagnostic ultrasound of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Knee and Leg Procedure Summary Online version last updated 05/05/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Ultrasound, diagnostic.

**Decision rationale:** The injured worker sustained a work related injury on 5/22/14. The medical records provided indicate the diagnosis of osteoarthritis of bilateral knee, mild degenerative lumbar disc disease, contusion of the lumbar spine and strain/sprain bilateral hips. Treatments have included medications, physical therapy and acupuncture. The medical records provided for review do not indicate a medical necessity for Diagnostic ultrasound of the left knee. The MTUS

is silent on ultrasound of the knee. The official Disability Guidelines states that soft tissue injuries of the knee, like meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by Magnetic Resonance Imaging; however, ultrasound can be used for Acute Tear of the anterior cruciate injuries in the presence of a hemarthrosis or for follow-up. Though there were records of previous knee X-rays, these precede the injury date. Therefore, the requested test is not medically necessary.

**Generic Flexeril 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Pain Procedure Summary last updated 04/06/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The injured worker sustained a work related injury on 5/22/14. The medical records provided indicate the diagnosis of osteoarthritis of bilateral knee, mild degenerative lumbar disc disease, contusion of the lumbar spine and strain/sprain bilateral hips. Treatments have included medications, physical therapy and acupuncture. The medical records provided for review do not indicate a medical necessity for Generic Flexeril 5mg #60. Cyclobenzaprine (Flexeril), is a muscle relaxant with a recommended dosing of 5 mg to 10 mg three times a day for no longer than 2-3 weeks. The MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The medical records indicate there was a concurrent prescription of this medication with Robaxin, another muscle relaxant. The records indicate the injured worker had spasms, but the requested treatment is not medically necessary because there is no documentation of the outcome of previous prescription of Robaxin, and the simultaneous prescription of these two muscle relaxants.

**Robaxin 500mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Pain Procedure Summary last updated 04/06/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The injured worker sustained a work related injury on 5/22/14. The medical records provided indicate the diagnosis of osteoarthritis of bilateral knee, mild degenerative lumbar disc disease, contusion of the lumbar spine and strain/sprain bilateral hips. Treatments have included medications, physical therapy and acupuncture. The medical records provided for review do not indicate a medical necessity for Robaxin 500mg #30. Robaxin (methocarbamol) is a muscle relaxant. The MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The medical records indicate the injured worker had prescription of this medication on 02/18/15 but there is no documentation of the outcome of this request or treatment; besides, there is a concurrent request for flexeril, another muscle relaxant. The request is not medically necessary.