

Case Number:	CM15-0205026		
Date Assigned:	10/21/2015	Date of Injury:	03/08/2014
Decision Date:	12/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 64 year old male, who sustained an industrial injury on 3-8-14. The injured worker was diagnosed as having lumbar spinal spondylolisthesis and herniated nucleus pulposus. Cervical spine herniated nucleus pulposus; internal derangement of the right and left knees; plantar fasciitis bilaterally; mass on dorsum right hand. Treatment to date has included physical therapy; acupuncture; medications. Currently, the PR-2 notes dated 9-2-15 indicated the injured worker complains of lower back pain radiating down the bilateral legs. On pain intensity scale of 1-10 the provider documents the injured worker rates his pain at a 7. The patient also complains of bilateral knee pain with weakness and rates his bilateral knee pain at a 7. The patient also complains of neck pain radiating into the bilateral shoulders and he rates his neck pain at a 4. The injured worker is not working and reports he has completed 6 sessions of acupuncture for the neck and back. He reports about 60% pain relief from the treatment and found it helpful and "returned to its original baseline." It is documented the injured worker is taking over-the-counter Tylenol or Advil. On physical examination, the provider documents "Examination of the lumbar spine revealed lower lumbar tenderness"; active range of motion limited, bilateral knees revealed medial and lateral joint line tenderness with range of motion limitations. A PR-2 note dated 8-4-15 reviewed x-ray reports for neck, hands, knees and low back performed on 6-24-15. The provider documents There are no significant changes in the hands. The knees show early arthritic changes. The cervical spine has degenerative changes at C5-6 and C6-7 with some bony encroachment of the neural foramina and the lumbar spine reveal degenerative changes in the three lowest levels. Also a MRI report of the lumbar spine

performed on 4-23-15 noted degenerative changes. A Request for Authorization is dated 10-19-15. A Utilization Review letter is dated 9-14-15 and non-certification for MRI of the right knee and pain management evaluation and treatment. A request for authorization has been received for MRI of the right knee and pain management evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested MRI of the right knee is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has lower back pain radiating down the bilateral legs. On pain intensity scale of 1-10 the provider documents the injured worker rates his pain at a 7. The patient also complains of bilateral knee pain with weakness and rates his bilateral knee pain at a 7. The patient also complains of neck pain radiating into the bilateral shoulders and he rates his neck pain at a 4. The injured worker is not working and reports he has completed 6 sessions of acupuncture for the neck and back. He reports about 60% pain relief from the treatment and found it helpful and "returned to its original baseline." It is documented the injured worker is taking over-the-counter Tylenol or Advil. On physical examination, the provider documents "Examination of the lumbar spine revealed lower lumbar tenderness"; active range of motion limited, bilateral knees revealed medial and lateral joint line tenderness with range of motion limitations. The treating physician has not documented physical exam evidence indicative of ligament instability or internal derangement, not recent physical therapy trials for the affected joints. The criteria noted above not having been met, MRI of the right knee is not medically necessary.

Pain management, evaluation and treatment: 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) Pain (updated 9/8/15) Office visits.

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

Decision rationale: The requested Pain management, evaluation and treatment, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain,

page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has lower back pain radiating down the bilateral legs. On pain intensity scale of 1-10 the provider documents the injured worker rates his pain at a 7. The patient also complains of bilateral knee pain with weakness and rates his bilateral knee pain at a 7. The patient also complains of neck pain radiating into the bilateral shoulders and he rates his neck pain at a 4. The injured worker is not working and reports he has completed 6 sessions of acupuncture for the neck and back. He reports about 60% pain relief from the treatment and found it helpful and "returned to its original baseline." It is documented the injured worker is taking over-the-counter Tylenol or Advil. On physical examination, the provider documents "Examination of the lumbar spine revealed lower lumbar tenderness"; active range of motion limited, bilateral knees revealed medial and lateral joint line tenderness with range of motion limitations. The treating physician has not documented the medical necessity for pain management treatment until an evaluation and subsequent report has been assessed. The criteria noted above not having been met, Pain management, evaluation and treatment is not medically necessary.