

Case Number:	CM15-0031211		
Date Assigned:	03/26/2015	Date of Injury:	09/29/2014
Decision Date:	05/12/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 52-year-old female who reported an injury on 12/08/2001. The mechanism of injury was a motor vehicle accident. Her diagnoses was noted as plica syndrome with chondromalacia, right knee, cervical spine musculoligamentous sprain and lumbosacral spine herniated disc. During the assessment on 01/05/2015, the injured worker complained of continued pain in her neck, back and right knee. She also reported numbness and tingling in the right upper extremity. She also reported numbness and tingling for the right upper extremity the right lower extremity. She also experienced radiating pain in the left lower extremity that radiated down to the foot. The injured worker rated her pain a 6/10. She stated that her medications helped reduce her symptoms by approximately 60%. The physical examination of the cervical spine revealed flexion and extension of 30%. There was tenderness over the paravertebral and trapezial musculature with spasm. The physical examination of the lumbosacral spine revealed flexion of 12 inches lacking from fingertips to the floor. Extension was at 20 degrees. There was spasm and tenderness over the paravertebral musculature bilaterally. The physical examination of the right knee revealed range of motion of 0 to 120 degrees. There was tenderness with mild effusion present. The injured worker's medications were noted to include tramadol, naproxen, Doral, Soma, and omeprazole. The treatment plan was to have the injured worker continue with the current medication regimen. The rationale for the request was not provided. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Antibiotics (for back pain).

Decision rationale: The request for Keflex 500 mg #60 is not medically necessary. The Official Disability Guidelines state that antibiotics for back pain are currently under study. Long-term antibiotics should not be prescribed indiscriminately, since low back pain is so common and there could be hazards if used this way. Additionally, the rationale for the requested antibiotic was not provided. As such, the request is not medically necessary.

MRI right thigh: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of the right thigh is not medically necessary. The California MTUS/ACOEM Guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical documentation provided did not indicate that the patient had attempted a period of conservative care and observation prior to the requested diagnostic study. As such, the request is not medically necessary.

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The request for MRI of the right knee is not medically necessary. The California MTUS/ACOEM Guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical documentation provided did not indicate that the patient had attempted a period of conservative care and observation prior to the requested diagnostic study. As such, the request is not medically necessary.

EMG/NCS: 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): 303-305.

Decision rationale: The request for EMG/NCS is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography, including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. However, there was a lack of neurological deficits pertaining to the lumbar spine. There was no indication of radiculopathy. The physical examination did not reveal any evidence of neurologic deficits, such as positive straight leg raise, sensation, motor strength or reflex deficits. As such, the request is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #60 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects, and appropriate medication use with the use of random drug screen as needed to verify compliance. The clinical documentation provided did not contain quantified information regarding pain relief. There is a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. As such, the request is not medical necessity.

Xanax 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (acute & chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Xanax 1 mg #60 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines as treatments for patients with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological

dependency. The clinical documentation submitted for review provided evidence that the patient had been on this medication for an extended duration of time. Therefore, ongoing use is not supported. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.

Cane QTY 1: 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); Knee & Leg (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) Knee & Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The request for cane quantity 1 is not medically necessary. The Official Disability Guidelines state that walking aids are recommended as almost half of patients with knee pain possess a walking aid. Disability, pain and age related impairments seem to determine the need for a walking aid. However, the clinical documentation did not indicate that the patient required a walking aid for ambulation. As such, the request is not medically necessary.

X-force with solar care for home: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 339 and 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The request for X-force with solar care for home is not medically necessary. The California MTUS Guidelines do not recommend the use of TENS unit as a primary treatment modality, however, a 1 month base trial may be considered as a noninvasive conservative option. A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted prior to use. After a successful 1 month trial, continued TENS treatment may be recommended if there is documentation of how often the unit was used, as well as the outcomes in terms of pain relief and function. However, there was no rationale for the request unit. The clinical documentation did not indicate if the unit was previously used, as well as outcomes in terms of pain relief and function. Due to the lack of information regarding the specific short and long term goals of treatment and documentation of any prior treatment, the request is not medically necessary.