

<b>Case Number:</b>	CM15-0042862		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Anesthesiology

### 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 44 year old male who sustained an industrial injury on 01/20/2014. He reported injuries to his right arm, head, lower back, left knee and his left arm near his elbow. Treatment to date includes physical therapy and MRI of right arm and head. He presented on 01/29/2015 with complaints of lower back pain, left elbow pain and left knee pain. Physical exam revealed tenderness to palpation of lumbar spine, tenderness in left elbow and tenderness anteriorly in his left knee. Diagnoses included status post fall, head injury secondary to head contusion, lumbosacral sprain and strain, left elbow sprain and strain and left knee sprain and strain. Treatment plan included MRI of left elbow and left knee, urine drug screen, referral to pain management and referral to neurology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG)-urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

**Decision rationale:** According to the CA MTUS guidelines (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, there is no indication of inconsistency or medication abuse or misuse. In addition, there is no documentation of opioid use in the most recent medical reports. Medical necessity for the requested toxicology screen has not been established. The requested test is not medically necessary.

**Magnetic Resonance Imaging (MRI) left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34, Chronic Pain Treatment Guidelines ODG-TWC-elbow procedure summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

**Decision rationale:** According to CA MTUS/ACOEM, MRI (magnetic resonance imaging) of the elbow is indicated for patients with limitation of activities after four weeks of conservative treatment and for patients considered for surgery due to specific anatomic defects on physical exam. MRIs may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. An MRI is indicated for suspected ulnar collateral ligament tear but not for epicondylalgia. In this case, the patient has left elbow pain with associated numbness and tingling in the left 5th finger. Medical necessity for the requested MRI has not been established. The requested MRI is not medically necessary.

**Magnetic Resonance Imaging (MRI) left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, Chronic Pain Treatment Guidelines ODG-TWC-knee and leg procedure.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI of the knee.

**Decision rationale:** According to the ODG, indications for imaging of the knee include, acute trauma to the knee and non-traumatic knee pain. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. MRI scans are accurate to

diagnose meniscus tears, but MRI is a poor predictor of whether or not the tear can be repaired. Studies showed that MRI studies are necessary if they are indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment. In this case, there are no significant physical exam findings consistent with instability or internal ligament derangement. In addition, there was full range of motion, and no evidence of effusion. Medical necessity for the requested MRI of the left knee has not been established. The requested study is not medically necessary.

**Referral for the lumbar spine (pain management specialist): 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, low back procedure summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Pain Management consultation for the lumbar spine. There is no evidence of radiculopathy or peripheral nerve entrapment. There is also no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**Referral to neurology: Overturned**

**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 head procedure summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is a specific rationale identifying the medical necessity of the requested Neurology consultation. An MRI of the brain was reportedly normal. However, there is documentation of debilitating headaches, dizziness and tinnitus. The patient has continued symptoms despite his present medical therapy. Medical necessity for the requested consultation is established. The requested Neurology consultation is medically necessary.