

Case Number:	CM15-0057565		
Date Assigned:	04/17/2015	Date of Injury:	10/31/2012
Decision Date:	07/17/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/26/2015

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: 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 (IW) is a 28-year-old female who sustained an industrial injury on 10/31/2012. Diagnoses include right elbow strain with lateral epicondylitis, right forearm extensor tenosynovitis, lumbar spine musculoligamentous sprain/strain with attendant left lower extremity radiculitis, right hip strain with resultant greater trochanteric bursitis and right sacroiliac joint sprain, status post left knee and ankle arthroscopy, history and complaints of headaches secondary to chronic pain, physical limitations and stressors, history and complaints of insomnia/inability to gain restful amount of sleep secondary to chronic pain and physical limitations. Treatment to date has included medications, podiatry, physical therapy, injections, casting and crutches and left knee and ankle surgery. Diagnostics included x-rays and MRIs. According to the Doctor's First Report dated 2/9/15, the IW reported pain in the right elbow/forearm/wrist/hand; low back pain radiating to the left lower extremity; left knee and ankle pain with history of surgery; right hip pain secondary to altered gait relative to the left lower extremity; history and complaints of stress, depression, anxiety and insomnia secondary to chronic pain and physical limitations and history of headaches secondary to chronic pain, physical limitations and stressors. A request was made for MRI of the lumbar spine to assess for herniated disc and stenosis versus discogenic pathology; acupuncture, twice weekly for three weeks, body part(s) unspecified to decrease pain, spasm, medication use and work restrictions; diagnostic ultrasound study of the left knee to assess for post-operative changes, internal derangement versus meniscal tear; custom in-shoe orthotics (2) per the podiatrist recommendations and sleep and neurologic consultations relative to history of inability to gain a

restful amount of sleep and daily headaches secondary to chronic pain, physical limitations and stressors. The acupuncture referral dated 2/9/15 requested treatment of the lumbar spine and the left knee, ankle and foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 302-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter: MRIs.

Decision rationale: CA MTUS ACOEM guidelines recommends imaging studies for cases "in which surgery is considered or red-flag diagnoses are being evaluated." ODG guidelines state "repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Documentation does not support significant changes in subjective complaints of objective findings. There is not documentation of new injuries or adjustments to analgesic medication. There is no mention of surgeon evaluation or treatment. The request for a lumbar MRI is not medically necessary.

Acupuncture twice weekly QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. It is not clear how many acupuncture sessions have been performed to date. Acupuncture was previously approved and there is documentation in the chart of at least two visits. An initial course of acupuncture is 3-6 visits per the MTUS. Given that there has been a prior course of acupuncture, medical necessity for any further acupuncture is considered in light of "functional improvement." After completion of any prior acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living, a reduction in work restrictions, or decreasing dependency on medical treatment. Given that the focus of acupuncture is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. As discussed in the MTUS, chronic pain section, the goal of all treatment for chronic pain is functional improvement, in part because chronic pain cannot be cured. No additional acupuncture is medically necessary based on lack of functional improvement documented in the records according to MTUS.

Diagnostic Ultrasound study of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 02/27/15).

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: ultrasound, diagnostic.

Decision rationale: CA MTUS is silent on this topic. According to the referenced ODG guideline, diagnostic ultrasounds are indicated as a second modality to evaluate soft tissue injuries of the knee, particularly for an acute anterior cruciate ligament issue. The first recommended study, however, is a magnetic resonance image. This IW underwent an MRI of the left knee in February 2015. Ultrasound is also recommended for guidance with knee joint injections. The request, however, is for a diagnostic study to evaluate post operative changes, internal derangement versus meniscal injury and not a therapeutic intervention. The request for a diagnostic ultrasound of the left knee is not medically necessary.

Custom In-Shoe Orthotics QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 02/27/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot chapter: orthotic devices.

Decision rationale: The ACOEM Guidelines recommends orthotics only for plantar fasciitis and metatarsalgia. The Official Disability Guidelines has similar recommendations. The Official Disability Guidelines have a detailed list of recommendations for evaluation and treatment of pes planus, including a grading system and kinds of conservative and surgical care. There is no discussion regarding the use of orthotics to treat knee pain. The treatment plan for this IW is not consistent with the Official Disability Guidelines recommendations. The IW does not have the aforementioned diagnoses. The request is not supported by the guidelines and the request for custom in-shoe orthotics is not medically necessary.

Sleep Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines 2nd Edition (2004), Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back: office visit.

Decision rationale: CA MTUS is silent on this issue. The above cited guideline states "office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The submitted documentation does discuss the IW's report of poor sleep. The documentation also discusses several situational conditions in the IW's environment that may contribute to poor sleeping conditions such as watching television in bed, brightly lit phone and afternoon naps. There is no discussion the IW has made any recommended adjustments to her habits and any effect this may have had on her sleep patterns. As the documentation supports the current provider has insight into sleep, the referral to a sleep consultant is not indicated unless there is documented failure or recommendations stated by the current provider. Without supporting documentation, the request for a sleep consultation is not medically necessary.

Neurologic Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines 2nd Edition (2004), Chapter 7, page 127.

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: office visit.

Decision rationale: Ca MTUS is silent on this issue. The above cited guideline states "office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The submitted documentation does not discuss and signs, symptoms, or differential diagnosis to support the request for a neurology consultation. It is unclear what the referral is for. Without supporting documentation, the request for a neurology consultation is not medically necessary.