

<b>Case Number:</b>	CM14-0177794		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	05/10/2007
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old female with a date of injury of 05/10/2007. The listed diagnoses per [REDACTED] are: 1. Lumbar disk syndrome. 2. Right lower extremity radicular symptoms. 3. Right knee medial meniscus tear with osteoarthritis. 4. Right ankle partial tear of talofibular ligament. 5. Baxter's neuropathy of the right ankle. 6. Left knee internal derangement. 7. Gastroesophageal reflux disease/abdominal pain (deferred to appropriate specialist). According to progress report 07/07/2014, the patient presents with low back, right knee, and right ankle pain. The patient rates her pain as 7/10 on the pain scale. The patient reports that the right knee is locking, giving away, and clicking. Examination of the lumbar spine revealed tenderness and spasm of the paraspinal muscles bilaterally. There is decreased range of motion on all planes. Straight leg raise testing is positive on the left. Examination of the knee revealed range of motion is limited bilaterally by pain upon flexion. Examination of the ankle revealed range of motion is limited by pain in all directions. There is evidence of spasm upon inversion and eversion on the right ankle. The treating physician is requesting an MRI of the right ankle, epidural injection to the lumbar spine, refill of medication, podiatrist consultation, and 8 physical therapy sessions for the right knee, right ankle, and lower back. Utilization review denied the request on 09/28/2014. Treatment reports from 01/13/2014 through 07/07/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

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

**Decision rationale:** This patient presents with low back, right knee, and right ankle pain. The treating physician is requesting an MRI of the right ankle. ODG guidelines Ankle and Foot Chapter MRI Topic, states that imaging is indicated due to chronic ankle pain if plain films are normal and there is suspected osteochondral injury, suspected tendinopathy or pain of uncertain etiology. Review of the medical file indicates the patient underwent an MRI of the right ankle on 05/11/2010 which revealed evidence of remote partial tear of the inferior transverse, anterior talofibular, and posterior talofibular ligaments with diffuse thickening of the fibers. In this case, the treating physician does not discuss why an undated MRI is necessary. There is no rationale provided for this request. Examination of the right ankle revealed decreased ROM and spasm. The treating physician does not provide any other concerns. Recommendation is not medically necessary.

**Epidural Steroid Injection to the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46-47.

**Decision rationale:** The patient presents with low back, right knee, and right ankle pain. The treating physician is requesting an epidural steroid injection to the lumbar spine. The MTUS Guidelines has the following regarding epidural steroid injections under the chronic pain section, pages 46 and 47, "Recommended as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborative findings of radiculopathy)." MRI of the lumbar spine from 05/02/2014 revealed mild to moderate height disk loss with 2-mm disk bulge at L4-L5, mild to moderate 3-mm disk osteophyte complex at L5-S1, and evidence for right-sided pars defect at L5-S1. Examination findings noted positive straight leg raise on the left. In this case, the patient's MRI findings, diagnosis and examination finding do not correlate. The patient has a diagnosis of right radicular symptoms but MRI revealed right-sided pars defect with no nerve root potential lesion. Straight leg raise was positive on the opposite side on the left. MTUS requires a clear diagnosis of radiculopathy that is confirmed with an imaging and examination for considering ESIs. Recommendation is not medically necessary.

**Tramadol 150mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 78.

**Decision rationale:** This patient presents with low back, right knee, and right ankle pain. The treating physician is requesting a refill of tramadol 150 mg #90. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed this medication since at least 03/11/2014. The patient is temporarily totally disabled. The requesting physician provides urine toxicology screens to monitor for medication compliance and provides monthly pain scales to denote the patient's current pain level. There is no discussion of specific functional improvement or changes in ADL as required by MTUS. Furthermore, the treating physician does not discuss aberrant behaviors or possible adverse side effects as required MTUS for continued opiate therapy. Given the lack of documentation for opiate management, recommendation is not medically necessary.

**Omeprazole 20mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 68-69.

**Decision rationale:** This patient presents with low back, right knee, and right ankle pain. The treating physician is requesting a refill of omeprazole 20 mg #120. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Report 03/11/2014 indicates the patient has gastrointestinal reflux symptoms and the patient was instructed to discontinue NSAID. On 07/07/2014, treating physician requested a refill of omeprazole to "protect the stomach." In this case, the patient is no longer taking NSAID to consider the use of omeprazole. Furthermore, the treating physician provides GI assessment after the patient stop taking NSAID. The requested Omeprazole is not medically necessary and recommendation is not medically necessary.

**Podiatrist consultation:** Overturned

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 consultations

**Decision rationale:** This patient presents with low back, right knee, and right ankle pain. The treating physician is requesting a referral to a podiatrist for consultation. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treating physician is concerned of the patient's continued ankle complaints. Given prior imaging which showed partial tear of the inferior transverse, anterior talofibular, and posterior talofibular ligaments with diffuse thickening of the fibers a consultation with a podiatrist is reasonable. Recommendation is medically necessary.

**8 Physical therapy session for the right knee, right ankle and lower back (left knee not an accepted body part):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** This patient presents with low back, right knee, and right ankle pain. The treating physician is requesting 8 physical therapy sessions for the right knee, right ankle, and low back (left knee not an accepted body part). For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. The utilization review denied the request for 8 PT sessions stating, "The reviewer determined that additional information was reasonably necessary in order to render a decision." At this time, the requested information has not been received and the reviewer therefore recommends that the request for 8 physical therapy sessions "be conditionally non-certified." In this case, the medical records provided for review do not include physical therapy treatment history. Given the patient's chronicity of injury, it is likely that the patient has participated in some physical therapy in the past. Given the lack of documentation of any recent formal therapy and the patient's continued pain, the requested 8 sessions is reasonable and recommendation is medically necessary.