

Case Number:	CM14-0087367		
Date Assigned:	08/08/2014	Date of Injury:	02/18/2009
Decision Date:	09/30/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/10/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59 year old female was reportedly injured on February 18, 2009. The mechanism of injury is undisclosed. The most recent progress note, dated April 21, 2014, indicated that there were ongoing complaints of low back pain. The physical examination was handwritten and completely illegible. It was noted that the symptoms were worse and that there were increased weakness and pain. Diagnostic imaging studies objectified disc desiccation and herniation at multiple levels throughout the entire lumbar spine. Facet joint disease was also noted. Previous treatment included injection therapy and conservative care. A request was made for a Synvisc injection to the left knee, supportive psychiatric treatment, MRI of the neck, MRI of the back, viscosupplementation psychiatric care, and orthopedic surgery consultation for second opinion regarding neck and back and was not certified in the preauthorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injection to the left knee QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg (updated 03/31/2014) - Criteria for Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), viscosupplementation injections are indicated for osteoarthritis that is not satisfactorily controlled with nonsteroidal medications or other interventions. The progress notes presented for review were handwritten, completely illegible and no discernible clinical information can be obtained from these data. As such, based on the limited clinical information presented for review, there is insufficient evidence to support viscosupplementation at this time. Previous progress notes were typewritten indicating that a Synvisc injection was approximately one year ago. However, the outcomes are not reported. Therefore, one cannot discern the efficacy of such an intervention and the request is not medically necessary.

Supportive psychiatric treatment QYT:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines - Cognitive Behavioral Therapy guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102 of 127.

Decision rationale: Psychological treatment can be supported as noted in the Medical Treatment Utilization Schedule (MTUS). However, the only illegible progress note makes no reference to any psychiatric issues. Therefore, based on this complete lack of appropriate clinical information, the medical necessity for such an intervention cannot be established.

MRI of the back QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back (updated 05/12/2014) - Magnetic resonance imaging.

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

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), this is a possible option in chronic low back pain. However, based on the only physical examination, dating back to February 2014, there are no clear indicators of a progressive neurological dysfunction. As such, this is insufficient clinical information presented to support this request.

MRI of the neck QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck and Upper Back (updated 04/14/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Based on the markedly limited clinical information presented for review, there is no narrative relative to the cervical spine. There is plenty of low back pain. As such, there is no data presented to support MRI of the cervical spine.

Orthopedic surgery consultation for 2nd opinion regarding neck and back QTY: 1.00:
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 page 127; Official Disability Guidelines Neck and Upper Back (updated 04/14/2014).

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.

Decision rationale: As outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, a consultation is indicated if the diagnosis is uncertain or complex. Based on the clinical data presented, none of these criteria are met. As such, the surgery to address acute flare low back pain is supported in an orthopedic surgical consultation and is not medically necessary.