

Case Number:	CM14-0096577		
Date Assigned:	07/28/2014	Date of Injury:	10/14/2005
Decision Date:	09/16/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/24/2014

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 & Rehabilitation 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 injured worker is a 54-year-old male who reported an injury on 10/14/2005. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar myoligamentous injury with degenerative disc disease, cervical myoligamentous injury, bilateral knee internal derangement, status post meniscectomy right knee, lumbar SCS, right lateral epicondylitis, industrial, and medication induced gastritis. The previous treatments included medication and surgery. The diagnostic testing included MR arthrogram, EMG/NCV, lumbar spine MRI, right knee MRI. Within the clinical note dated 05/13/2014, it was reported the injured worker complained of back pain. He rated his pain 8/10 to 9/10 in severity. He reported his pain radiated from his low back to his lower extremities. The injured worker complained of right knee pain. He reported having significant benefit from a previous Synvisc injection on 10/17/2013. Upon the physical examination, the provider noted the injured worker had tenderness to palpation along the lateral epicondylar region with pain reproducible. The provider noted the injured worker had tenderness to palpation upon the lumbar musculature bilaterally. The injured worker had tenderness to palpation of the right knee and soft tissue swelling. The provider indicated he had crepitus noted with general range of motion in both knees. The injured worker had decreased range of motion of the right knee. The provider requested Amitiza, 1 psychological evaluation and Synvisc injections. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The California MTUS Guidelines prophylactic treatment of constipation should be initiated when on opioid therapy. There is lack of documentation indicating the injured worker is treated for or diagnosed with constipation. There is lack of subjective and objective findings indicating the injured worker complained of constipation. Additionally, the efficacy of the medication was not provided for clinical review. Therefore, the request for Amitiza 24 mcg is not medically necessary.

1 psychological evaluation for spinal cord stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IDDS&SC (intrathecal drug deliver systems & spinal cord stimulators).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The California MTUS Guidelines note psychological evaluations are generally accepted, well established diagnostic procedures, not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. The interpretation of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Common tests include BHI, Millon Behavioral Inventory, Millon Behavioral Medical Diagnostic, Pain Assessment Battery, Millon Clinical Multiaxial Inventory, Minnesota Inventory, and Personality Assessment Inventory. There is lack of documentation of the extent, duration of the injured worker's issues to support the medical necessity for a psych evaluation. There is lack of documentation indicating the injured worker undergone any of the tests stated above. Therefore, the request for 1 psychological evaluation for spinal cord stimulation is not medically necessary.

1 Synvisc Injection to the right 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines recommend hyaluronic acid injections, also known as Synvisc injections, as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments including exercise, NSAIDs or acetaminophen, to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The guidelines note in patients experience significantly symptomatic osteoarthritis, but have not responded adequately conservative nonpharmacological treatment. Documented symptomatic severe osteoarthritis of the knee, which may include the following bony enlargement, bony tenderness, crepitus on activation, less than 30 minutes of morning stiffness. Pain interferes with functional activities. Failure to adequately respond to aspiration and injection of intra-articular steroids. Generally performed without fluoroscopy or ultrasound guidance. Are not current candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. There is significant lack of documentation indicating the injured worker tried and failed conservative treatment. There is lack of documentation indicating the injured worker is treated for or diagnosed with osteoarthritis. There is lack of documentation indicating the injured worker failed to adequately respond to aspiration and injection of intra-articular steroids. Therefore, the request is not medically necessary.