

<b>Case Number:</b>	CM14-0187444		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for low back and knee pain reportedly associated with an industrial injury of March 12, 2014. In a Utilization Review Report dated October 18, 2014, the claims administrator denied a request for lumbar MRI imaging, knee MRI imaging, ankle MRI imaging, topical capsaicin, a knee brace, and an unknown educational pamphlet. Naproxen, four sessions of manipulative therapy, and eight sessions of physical therapy were approved. The claims administrator stated that its decisions were based on a progress note of September 29, 2014. The applicant's attorney subsequently appealed. In a progress note dated September 29, 2014, the applicant reported multifocal complaints of upper back pain, lower back pain, bilateral shoulder pain, bilateral elbow pain, bilateral hand and wrist pain, hip pain, knee pain, and ankle pain. The applicant had alleged pain secondary to both a specific, discrete injury as well as secondary to cumulative trauma. The applicant was obese, standing 5 feet 1 inch tall and weighing 186 pounds. The applicant exhibited tenderness about the ankles and a positive McMurray maneuver at the knee with some crepitation appreciated about the same. Lumbar spine range of motion was well preserved. The applicant's thoracic spine exam was unremarkable. The applicant's neurologic exam was reportedly unremarkable. MRI imaging of the lumbar spine, MRI imaging of the right knee, MRI imaging of the right ankle, eight sessions of physical therapy, infrared therapy, massage therapy, manipulative therapy, naproxen, capsaicin, a knee brace, and various other modalities were endorsed while the applicant was placed off of work, on total temporary disability. The applicant was given diagnoses of sprain and strain of the lumbar spine with right lower extremity lumbar radiculopathy, contusion/sprain of the knee, rule out internal derangement of the same, and sprain/strain of the right ankle.

## 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. In this case, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine on or around the date in question. The applicant reportedly exhibited unremarkable neurologic exam, it was further noted. The multifocal nature of the applicant's complaints, furthermore, which involved the wrists, hand, elbow, shoulder, low back, ankle, upper back, etc., make it unlikely that the applicant would act on the results of any of the imaging studies in question and/or consider any kind of specific surgical intervention here. Therefore, the request is not medically necessary.

### **MRI of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335, Table 13-2.

**Decision rationale:** The applicant's presentation was seemingly consistent with a meniscal tear. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 235 does acknowledge that knee MRI imaging can be employed to help establish a diagnosis of meniscal tear as was/is present/suspected here, ACOEM qualifies its recommendation by noting that such testing is indicated only if surgery is being considered or contemplated. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the injured right knee on or around the date in question. Therefore, the request is not medically necessary.

### **MRI of the right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375, Table 14-5.

**Decision rationale:** The requesting provider wrote in his progress note that the applicant carried a diagnosis of ankle sprain/strain. However, the MTUS Guideline in ACOEM Chapter 14, Table 14-5, page 375 notes that MRI imaging is scored 0 out of 4 in its ability to identify and define suspected ankle strains. It is not clearly stated why this particular imaging modality was selected in the face of the unfavorable ACOEM position on MRI imaging to evaluate, identify, and define suspected ankle strains. Therefore, the request is not medically necessary.

### **1 Prescription for Capsaicin 0.025% gel #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28.

**Decision rationale:** As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except as a last-line option, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant was apparently given a prescription for naproxen, a first-line oral pharmaceutical, on the date in question, September 29, 2014, effectively obviating the need for the capsaicin gel at issue. Therefore, the request is not medically necessary.

### **1 Knee brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 340, for the average applicant, a knee brace is usually unnecessary. A knee brace, ACOEM notes, is typically necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, however, the applicant is off of work, on total temporary disability. The applicant is, thus, unlikely to be carrying boxes or climbing ladders. Therefore, the request is not medically necessary.

### **Unknown educational pamphlets for the knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 338.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 13, page 338 does acknowledge that "instruction and proper exercise technique is important," in this case, however, the request in question is imprecise. It is not clearly stated what educational pamphlets are being dispensed, what the content of the pamphlets in question is, and/or how many such pamphlets are being issued. The request, thus, as written, cannot be supported. Therefore, the request is not medically necessary.