

Case Number:	CM14-0218726		
Date Assigned:	01/08/2015	Date of Injury:	02/02/2001
Decision Date:	03/06/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 year old female who suffered an industrial related injury on 2/2/01. A physician's report dated 10/28/14 noted the injured worker was reporting more intractable global pain and fibromyalgia symptoms. Physical examination findings included short stepped gait, right leg was antalgic with weakness and dysesthesias, and limitation in lumbar spine range of motion. Partial right foot drop was noted. A MRI of the lumbar spine on 9/12/14 was noted to have revealed status post L5-S1 discectomy with evidence of bilateral laminectomy and a loss of intervertebral disc height and disc desiccative changes at L2-3. The patient has had MRI of the right knee on 7/16/12 that revealed medial meniscus tear. Diagnoses included severe posttraumatic fibromyalgia, post lumbar laminectomy pain syndrome, right knee internal derangement, right lower extremity complex regional pain syndrome, and narcotic dependency. She has had a urine drug toxicology report on 10/28/14 that was positive for tramadol. The patient's surgical history include: two right knee arthroscopy surgery and lumbar fusion, re exploration of fusion and laminectomy and hardware removal. Patient has received an unspecified number of PT and pool therapy visits for this injury. She has been authorized for spinal cord stimulation. Her medication list includes Tramadol, Gabapentin, Lexapro, Nucynta, lorazepam and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan Injection (Series of 5) for the Right Knee: 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (updated 02/27/15) Hyaluronic acid injections

Decision rationale: California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; Younger patients wanting to delay total knee replacement. Any recent detailed clinical evaluation note of treating physician was not specified in the records. A detailed recent examination of the right knee was not specified in the records provided Patient has received an unspecified number of the conservative treatment for this injury till date. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. Any evidence of intolerance to standard non pharmacologic and pharmacologic treatments (e.g., gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. The medical necessity of the request for Hyalgan Injection (Series of 5) for the Right Knee is not fully established in this patient.

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): page 114.

Decision rationale: According the cited guidelines, electrical stimulation (TENS), is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain:

A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). According the cited guidelines, Criteria for the use of TENS is: There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short, and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the request for TENS unit is not fully established for this patient.

Evaluation and Treatment of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, IME and consultations.

Decision rationale Per the cited guidelines, 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. A detailed physical examination of the cervical spine was not specified in the records provided Any significant functional deficits of the cervical spine that would require ongoing Evaluation and Treatment of the cervical spine was not specified in the records provided. The rationale for the requested service was not specified in the records provided. Presence of any psychosocial factors was not specified in the records provided. The medical necessity of the request for Evaluation and Treatment of the cervical spine is not fully established for this patient.