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| Case Number: | CM15-0113175 | | |
| Date Assigned: | 06/19/2015 | Date of Injury: | 06/12/2014 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 05/21/2015 |
| Priority: | Standard | Application Received: | 06/11/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old male who sustained an industrial injury on 6/12/14 when he fell from a ladder landing on his right side, striking his head on concrete. He had headache and body pain. He was medically evaluated and had x-rays, computed tomography, three injections. He was diagnosed with a fractured right foot. He received chiropractic treatments. He is currently experiencing right knee pain and was seen for a surgical consult on 4/13/15 and arthroscopy was recommended due to buckling, giving way and locking up; neck pain with bilateral upper extremity numbness and tingling to fingers, stiffness, spasms and headaches; right shoulder pain and stiffness with difficulty with overhead movement. He ambulates with a limp. On physical examination of the right knee there was tenderness to palpation over the medial and lateral joint lines, crepitus and positive Patellar Grind and McMurray's test; right shoulder reveals tenderness on palpation over the supraspinatus tendon, subacromial region, acromioclavicular joint and pericapsular musculature. Codeman's Drop Arm and impingement tests are positive with decreased range of motion. He has sleep difficulties. Medications are Tylenol #3, Voltaren, Fexmid. Diagnoses include cervical, thoracic and lumbar sprain/ strain; right shoulder sprain/ strain/ contusion/ impingement; right wrist/ knee sprain/ strain. Treatments to date include physical therapy with no improvement; chiropractic treatments with no improvement. Diagnostics include ultrasound of the of bilateral shoulder (10/29/14) showing right high-grade partial thickness rotator cuff tear, bursitis, subacromial narrowing. On 4/23/15, the treating provider requested MRI of the cervical and lumbar spine; electromyography/ nerve

conduction studies of bilateral upper extremities; Tylenol #3 as needed for pain; right knee sleeve; random urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI scan of cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient was injured on 06/12/14 and presents with right knee pain, neck pain, and right shoulder pain. The request is for 1 MRI SCAN OF CERVICAL SPINE. The utilization review rationale is that "there was no progressive or severe neurologic deficit." The RFA is dated 04/23/15 and the patient is to return to modified work on 04/23/15. Review of the reports provided does not indicate if the patient has had a prior MRI of the cervical spine. Regarding MRI, the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: "Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: "Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit." The patient has tenderness to palpation with muscle guarding, a positive compression test, a positive distraction test, and a limited cervical spine range of motion. He is diagnosed with cervical, thoracic and lumbar sprain/strain; right shoulder sprain/ strain/ contusion/impingement; right wrist/knee sprain/strain. Review of the reports provided does not indicate if the patient has had a prior MRI of the cervical spine. Given that the patient continues to have cervical spine pain and does not have a recent MRI of the cervical spine, the request appears reasonable. Therefore, the requested MRI of the cervical spine IS medically necessary.

1 MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient was injured on 06/12/14 and presents with right knee pain, neck pain, and right shoulder pain. The request is for 1 MRI SCAN OF LUMBAR SPINE. The utilization review rationale is that "there were no recent subjective or objective findings related to the lumbar spine." The RFA is dated 04/23/15 and the patient is to return to modified work on 04/23/15. Review of the reports provided does not indicate if the patient has had a prior MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines, Low Back-Lumbar & Thoracic Chapter, under MRI states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." The patient is diagnosed with cervical, thoracic and lumbar sprain/strain; right shoulder sprain/strain/contusion/impingement; right wrist/knee sprain/strain. Objective findings of the lumbar spine are not provided. Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. Given that the patient has not previously had an MRI of the lumbar spine, continues to have chronic low back pain with radiculopathy, and is diagnosed with lumbar sprain/strain, the requested MRI of the lumbar spine IS medically necessary.

1 EMG/NCS of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The patient was injured on 06/12/14 and presents with right knee pain, neck pain, and right shoulder pain. The request is for 1 EMG/NCS OF THE BILATERAL UPPER EXTREMITIES. The utilization review rationale is that "objective findings did not support the presence of neurologic dysfunction." The RFA is dated 04/23/15 and the patient is to return to modified work on 04/23/15. Review of the reports provided does not indicate if the patient has had a prior EMG/NCS of the bilateral upper extremities. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in

early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The patient has tenderness to palpation with muscle guarding, a positive compression test, a positive distraction test, and a limited cervical spine range of motion. He is diagnosed with cervical, thoracic and lumbar sprain/strain; right shoulder sprain/strain/contusion/impingement; right wrist/ knee sprain/ strain. Review of the reports provided does not indicate if the patient has had a prior MRI of the cervical spine. The reason for the request is not provided. Given the patient's upper extremity complaints, an EMG/NCV appears reasonable. An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. Therefore, the requested EMG/NCV for the bilateral arms IS medically necessary.

1 prescription of Tylenol #3 30/300mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 06/12/14 and presents with right knee pain, neck pain, and right shoulder pain. The request is for 1 PRESCRIPTION OF TYLENOL #3 30/300MG, #60. The RFA is dated 04/23/15 and the patient is to return to modified work on 04/23/15. Tylenol is only mentioned on the 04/23/15 report. Treatment reports are provided from 01/13/15 to 04/30/15. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The patient is diagnosed with cervical, thoracic and lumbar sprain/strain; right shoulder sprain/strain/contusion/impingement; right wrist/knee sprain/strain. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Neither there are no before and after medication pain scales provided nor are there any examples of ADLs, which demonstrate medication efficacy. There is no discussion on side effects or aberrant behavior the patient may have. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tylenol #3 IS NOT medically necessary.

1 Right knee sleeve: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, under Knee Brace.

Decision rationale: The patient was injured on 06/12/14 and presents with right knee pain, neck pain, and right shoulder pain. The request is for 1 RIGHT KNEE SLEEVE. The RFA is dated 04/23/15 and the patient is to return to modified work on 04/23/15. ODG guidelines, Knee & Leg Chapter, under Knee Brace, provides the following criteria for the use of knee brace: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Kneestability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture. The patient has tenderness to palpation over the medial and lateral joint lines, crepitus, a positive Patellar Grind, a positive McMurray's test, and a limited right knee range of motion. He is diagnosed with cervical, thoracic and lumbar sprain/strain; right shoulder sprain/strain/contusion/impingement; right wrist/ knee sprain/ strain. The 07/03/14 MRI of the right knee revealed suprapatellar effusion, popliteal cyst, bone contusion articular surface in the anterior tibial and posterolateral tibia, Grade III tear of the posterior cruciate ligament with marked heterogenous signal, myxoid degeneration of the posterior horn of the lateral meniscus, Grade I anterior horn of the lateral meniscus, and mild degenerative joint disease of the medial and lateral joint line. Treater has not provided reason for the request. There are no discussions of knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture. There are no meniscal tears, collateral ligament strain, cruciate ligament tear noted in available progress reports. Treater does not mention that the patient is going to be stressing the knee under load, either. The request does not meet guideline indications. Therefore, the request for a right knee sleeve IS NOT medically necessary.

1 Random urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug testing.

Decision rationale: The patient was injured on 06/12/14 and presents with right knee pain, neck pain, and right shoulder pain. The request is for 1 RANDOM URINE DRUG SCREEN. The utilization review denial rationale is that the patient is now weaning and will have eventual discontinuation. The RFA is dated 04/23/15 and the patient is to return to modified work on 04/23/15. Review of the reports provided does not indicate if the patient had a recent urine drug screen. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for

management of chronic opiate use in low-risk patients. The patient is diagnosed with cervical, thoracic and lumbar sprain/strain; right shoulder sprain/strain/contusion/impingement; right wrist/knee sprain/strain. As of 04/23/15, the patient is taking Tylenol #3, Voltaren, and Fexmid. There are no prior urine drug screens provided for review, nor has the treater documented that the patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. However, the patient is currently on Tylenol #3. Monitoring of the opiate with once yearly UDS is recommended per guidelines. Therefore, the requested urine drug screen IS medically necessary.