MAXIMUS Federal Services

| Case Number: | CM15-0115153 | | |
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| Date Assigned: | 06/26/2015 | Date of Injury: | 07/29/2014 |
| Decision Date: | 08/07/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

## 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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 57 year old male, who sustained an industrial injury on July 29, 2014. The mechanism of injury was cumulative trauma while doing his usual and customary duties. The injured worker has been treated for neck, bilateral shoulder, bilateral knee and low back complaints. The diagnoses have included cervical sprain/strain with bilateral upper extremity radiculitis, lumbar spine sprain/strain with right lower extremity radiculitis, right sacroiliac joint sprain, bilateral shoulder strain/tendinitis and impingement and left knee meniscal tear. Treatment to date has included medications, radiological studies, MRI, injections, physical therapy, aqua therapy, home exercise program, left knee surgery and bilateral shoulder surgery. Current documentation dated May 22, 2015 notes that the injured worker reported right shoulder pain, lumbar spine pain with radiation to the right lower extremity and left knee pain. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles bilaterally with associated right lower extremity radicular symptoms. Examination of the left knee revealed pain with associated swelling, popping and grinding. The knee pain was noted to be worse with stair climbing. The document noted was handwritten and difficult to decipher. The treating physician's plan of care included requests for a left BioniCare knee system with medical unloader brace, a lumbar spine MRI, right lower extremity electromyography/nerve conduction velocity study and the medication Pamelor 25 mg # 30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Bionicare knee system with medical unloader brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); (http:// www.odg-twc.com/odgtwc/knee.htm).

**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 (Acute & Chronic) / Unloader braces for the knee and BioniCare knee device.

**Decision rationale:** The MTUS / ACOEM did not sufficiently address the use of knee braces therefore other guidelines were consulted. The Official Disability Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The BioniCare knee device is recommended as an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty (TKA) but want to defer surgery. Outcomes are better with an unloader brace, used with BioniCare, than with BioniCare alone. Unloader braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment. In this case, there is lack of documentation of osteoarthritis the knee or the injured worker participating in a restoration program. Therefore, the request for a BioniCare Knee system with medical unloader brace is not medically necessary.

**MRI (Magnetic Resonance Imaging) of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (http:// www.odg-twc.com/odgtwc/low_back.htm).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** The ACOEM Occupational Medicine Practice Guidelines on Low Back Complaints states that objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. ACOEM guidelines do not support MRI evaluation of the lumbar spine in the absence of objective radiculopathy or other "red flag" (fracture, tumor, infection,

Cauda Equina Syndrome, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, urinary tract infection) diagnoses or a surgical plan. In this case, there was lack of objective findings of radiculopathy noted or "red flag" diagnoses. Therefore, the request for a lumbar spine MRI is not medically necessary.

**EMG (Electromyelography)/ NCV (Nerve Conduction Velocity) study of the right lower extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

**Decision rationale:** Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG for clinically obvious radiculopathy is not recommended. The injured worker was not presented as having radiculopathy and the objective findings on examination do not include evidence of neurologic dysfunction such as sensory, reflex or motor system change. Therefore, the request for an electromyography/nerve conduction velocity study of the right lower extremity is not medically necessary.

**Pamelor 25mg #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 Antidepressants for chronic pain Page(s): 13, 14.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends antidepressants as an option in first-line treatment of neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment. Side effects, including excessive sedation should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. Long-term effectiveness of antidepressants has not been established. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. In this case, there is lack of clear documentation as to the reason the injured worker has been prescribed this medication. The documentation does note the injured worker had emotional complaints, but does not elaborate on the complaints, how long the injured worker has taken the medication or

the effects of the medication, without this information it is not possible to determine if continued use is medically necessary. Therefore, the request for Pamelor 25 mg is not medically necessary.