

Case Number:	CM15-0116912		
Date Assigned:	06/24/2015	Date of Injury:	08/20/2002
Decision Date:	10/08/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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: 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 72 year old female who sustained an industrial injury on 8/20/02. Diagnoses include internal derangement of the knee bilaterally, status post total joint replacement on the right and meniscectomy, chondroplasty and lateral retinacular release on the left, status post three sets of Hyalgan injection to the left knee with improvement, discogenic lumbar condition with 2004 MRI showing disc disease from L3 through S1 and facet changes, status post one caudal epidural injection-2004 and one transforaminal injection L5-S1 on the right and left-2004, discogenic cervical condition with radicular component of upper extremities. A nerve study is not showing radiculopathy but carpal tunnel findings in the past. An MRI of the neck-2006 shows extradural defects at C3-C4, C4-C5, and C5-C6 with some stenosis. Carpal Tunnel syndrome bilaterally status post decompression, concussion, weight gain of 30 pounds due to inactivity. MRI of the thoracic spine initially showed the mass at T10-T11; repeated shows degenerative changes at T11-T12 and facet changes. In a physician report dated 5/28/15, it is noted that the physician has not seen this injured worker since November 2014. The injured worker reports she is minimizing chores around the house. Her braces do not fit her knees. Occasionally she uses a back brace. She does have access to a two-lead transcutaneous electrical nerve stimulation unit. She has been giving way with regard to the non-operative left knee and buckling and more pain. She has issues with sleep, stress and depression. Tenderness along the knee is noted with weakness to resisted function on the left. Flexion is 100 degrees. Medications today are Flexeril 7.5 mg #60 and Nalfon 400 mg #60. Xrays of the left knee to be done 5/28/15. Work status is she could do sedentary type of work, she is retired. The

requested treatment is cervical traction with air bladder, X-ray flexion/extension of cervical spine, transcutaneous electrical nerve stimulation unit four lead, conductive garment, Cyclobenzaprine 7.5 mg #60, electromyography/nerve conduction velocity bilateral lower extremities, referral for physiatry, and Hyalgan injections times 5 for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction with air bladder: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 05/12/15) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Traction.

Decision rationale: The Official Disability Guidelines recommend home cervical patient-controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy; however, the device ordered is not the type specified by the ODG for home use. Cervical traction with air bladder is not medically necessary.

X-ray flexion/extension of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the MTUS, special studies such as a cervical x-ray are not needed unless a red-flag condition is present. Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. There is no documentation of any of the above criteria. X-ray flexion/extension of cervical spine is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit four lead, conductive garment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS does not recommend a TENS unit 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. There is documentation that a trial period with a rented TENS unit has been completed, and there was evidence of functional improvement as a result of its use. I am reversing the previous utilization review decision. Transcutaneous electrical nerve stimulation (TENS) unit four lead, conductive garment is medically necessary.

Cyclobenzaprine 7.50mg tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been taking Cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Cyclobenzaprine 7.50mg tab #60 is not medically necessary.

Electromyography (EMG)/Nerve Conduction Velocity (NCV) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Neck & Upper Back (updated 05/15/15) - Online Version.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM Guidelines state that 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. The patient has had previous diagnostic studies including x-ray and MRI, which were not positive for any nerve compromise. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Electromyography (EMG)/Nerve Conduction Velocity (NCV) bilateral lower extremities is not medically necessary.

Referral for psychiatry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition, Page 32, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Referral for physiatry is not medically necessary.

Hyalgan injections times 5 for left 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 (updated 05/05/15) - Online Version.

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), Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines contain numerous criteria, which must be met prior to recommending Hyaluronic acid injections to the knee. The primary consideration, and the only diagnosis for which injections are recommended by the ODG, is a diagnosis of osteoarthritis of the knee. In addition, the ODG requires the patient to be suffering from knee pain and to satisfy at least 5 of 9 other criteria as well. The medical record does not contain the necessary documentation to enable recommendation of Hyaluronic acid injections to the knee. Hyalgan injections times 5 for left knee is not medically necessary.