

Case Number:	CM15-0122761		
Date Assigned:	07/07/2015	Date of Injury:	05/03/2012
Decision Date:	08/18/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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: 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 5/3/2012. He reported rolling and twisting his left ankle/foot. Diagnoses have included headaches, lumbosacral sciatica syndrome, lumbar spine herniated nucleus pulposus (HNP), lumbar radiculopathy, bilateral knee medial meniscus tear, left ankle sprain/strain and tarsal tunnel syndrome. Treatment to date has included physical therapy, acupuncture, magnetic resonance imaging (MRI) and medication. According to the progress report dated 5/22/2015, the injured worker complained of headaches. He complained of abdominal pain and discomfort. He complained of burning, radicular low back pain rated 5-6/10. The low back pain was associated with numbness and tingling of the bilateral lower extremities. He complained of sharp, stabbing left knee pain rated 7/10 and sharp right knee pain rated 6-7/10. He complained of burning left ankle pain rated 6/10 along with numbness and tingling and pain radiating to the foot. He reported feeling anxious and depressed. Exam of the lumbar spine revealed tenderness to palpation. Straight leg raise was positive. There was tenderness to palpation over the medial and lateral joint line at the left knee. Exam of the left ankle revealed tenderness to palpation over the anterior talofibular ligament. Authorization was requested for consultation with an orthopedic surgeon, urine toxicology and magnetic resonance imaging (MRI) of the left knee and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Orthopedic Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: The MTUS/ACOEM Guidelines discuss the indications for surgical consultation. In patients with low back complaints, the indications for referral to an orthopedic surgeon are as follows: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; Failure of conservative treatment to resolve disabling radicular symptoms. In this case, there is not sufficient evidence that the patient meets these above cited criteria to warrant orthopedic consultation. Specifically, the patient's physical examination findings were not strongly supportive of a radiculopathy. The patient had full strength, symmetrical deep tendon reflexes and an equivocal sensory examination. Further, recent electrodiagnostic studies did not provide clear evidence of a lesion that has been shown to benefit in both the short and the long term from surgical repair. Given the lack of evidence to support neurologic compromise, consultation with an orthopedic surgeon is not medically necessary.

Urine Toxicology: Overturned

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

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

Decision rationale: The Official Disability Guidelines comment on the indications for urine drug testing. These guidelines state the following: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. (4) If aberrant behavior or misuse is suspected and/or detected. In this case, the patient does meet criteria #3 for urine drug testing. Specifically, the patient has a documented history of a comorbid psychiatric disorder (chronic anxiety). Under these conditions, use of a urine toxicology screen is appropriate to ensure that there is no evidence of substance abuse. A urine toxicology test is medically necessary in this case.

MRI of the Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-1 and Algorithm 14-2.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation and management of occupational ankle disorders. As part of the initial and ongoing assessment of an ankle complaint, the clinician should determine whether there is any evidence for any red flag symptoms, which may suggest a serious underlying disorder. These red flag symptoms are described in Table 14-1 of the above-cited MTUS guidelines. In this case, there is no evidence that the patient has any of these red flag symptoms. Algorithm 14-2 describes the initial and follow-up management of patients with occupationally related ankle complaints. Recommendations for imaging studies are based on evidence of these previously mentioned red flag symptoms or other examination findings. There is no evidence in the records of any significant finding that warrants MRI imaging. Further, it should be noted that this patient has had prior MRI imaging of the ankle, with findings that did not support surgical therapy. There is no evidence in the medical records that the patient has had a significant change in ankle-related symptoms or examination findings since the last MRI was completed. For these reasons, an MRI of the ankle is not medically necessary.

MRI of the Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation and management of occupational knee disorders. As part of the initial and ongoing assessment of a knee complaint, the clinician should determine whether there is any evidence for any red flag symptoms, which may suggest a serious underlying disorder. These red flag symptoms are described in Table 13-1 of the above-cited MTUS guidelines. In this case, there is no evidence that the patient has any of these red flag symptoms. Algorithm 13-2 describes the initial and follow-up management of patients with occupationally related knee complaints. Recommendations for imaging studies are based on evidence of these previously mentioned red flag symptoms or other examination findings. There is no evidence in the records of any significant finding that warrants MRI imaging. Further, it should be noted that this patient has had prior MRI imaging of the knee, with findings that did not support surgical therapy. There is no evidence in the medical records that the patient has had a significant change in knee-related symptoms or examination findings since the last MRI was completed. For these reasons, an MRI of the knee is not medically necessary.