

<b>Case Number:</b>	CM15-0127152		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	03/07/2008
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Emergency 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 49 year old male who sustained an industrial injury on 03/07/2008. The injured worker was diagnosed with chronic intractable pain with bilateral arm pain, cervical spondylosis, cervical stenosis, lumbar degenerative disc disease and lumbar spondylosis. The injured worker is status post cervical fusion C5-T1 in 2013, removal of hardware in November 2011, cervical fusion revision and hardware replacement in July 2013, September 2013 and November 2014 and left knee surgery in 2008. Treatment to date has included diagnostic testing, multiple cervical surgical interventions, multiple consultations, cervical epidural steroid injection in July 2014, lumbar spine epidural steroid injections, physical therapy, cane for ambulation and medications. According to the primary treating physician's progress report on May 22, 2015, the injured worker continues to experience low back pain with radiation to the right lower extremity rated at a 6/10 on the pain scale, cervical pain radiating to the bilateral upper extremities rated at a 6/10 and left knee pain rated at 6/10. Examination of the cervical spine demonstrated forward flexion at 3 degrees, extension at 0 degrees, right rotation at 5 degrees, left rotation at 10 degrees and negative Spurling's test. Sensation to light touch was intact in the cervical to T1 in the upper extremities, decreased along the right C5-C6 and the left C8-T1 dermatomal distributions. Bilateral shoulder range of motion was 0-90 degrees in abduction and flexion without signs of impingement or limitation. Deep tendon reflexes were 2+ in the biceps and brachioradialis and 1+ in the triceps bilaterally. Elbow and wrists were within normal limits bilaterally. Examination of the lumbar spine demonstrated extension at 5 degrees, flexion at 30 degrees, right lateral at 10 degrees, left lateral at 15 degrees and bilateral rotation at 15 degrees each. Straight leg raise, sacroiliac distraction and piriformis provocation were negative bilaterally. Motor strength of the

bilateral lower extremities was noted at 4+/5 with decreased sensation at L2-S1 dermatomal distributions in the bilateral lower extremities. Achilles reflex was absent on the right, trace on the left and bilateral patellar reflexes 2+. Knee and ankle evaluations were within normal limits. X-rays of the bilateral knees were obtained at the office visit. Current medications are listed as Oxycodone 15mg, Morphine Sulfate ER 30mg, Soma and Benadryl. Treatment plan consists of continuing with medication regimen and the current request for Morphine Sulfate ER 30mg renewal, left knee magnetic resonance imaging (MRI) and 1 ultrasound guided injection to left knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI of the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 and 347. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic): MRIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are “Red-flag” findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient does not meet criteria for knee MRI for chronic knee pains. Rationale is only documented as Chondromalacia patellae and Osteoarthritis which are diagnosis that can be made clinically. There is no documentation of any long term plans or what conservative care has been attempted for the knee pain thus far. MRI of left knee is not medically necessary.

#### **Morphine Sulfate ER 30mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Morphine sulfate is extended release morphine, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation has failed to support prescription. Patient has chronically been on opioids. Patient is currently on oxycodone. Due to lack of efficacy, pt was denied Exalgo and weaning was recommended in prior URs. Morphine was added for unknown reason. Patient has poorly controlled pain on opioid therapy. Provider has failed to document any benefit from opioid therapy. Morphine Sulfate ER is not medically necessary.

#### **1 Ultrasound guided injection to left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339 and 346. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic): Corticosteroid injections (2015).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**Decision rationale:** As per ACOEM guidelines, steroid injections of the knee are not routinely recommended. It is usually only recommended for severe osteoarthritis of the knee which the patient does not have. There is no provided documentation or imaging reports consistent with severe osteoarthritis of the knee. There is no documentation of why there is a sudden need for a knee injection in what appears to be a chronic painful knee that is unchanged in over 6months of progress notes. There is no documented end goal of the injection since these injections provide only limited temporary improvement in pain. Cortisone injection of the left knee is not medically necessary.