

Case Number:	CM15-0127521		
Date Assigned:	07/14/2015	Date of Injury:	05/23/2012
Decision Date:	08/13/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, 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 47-year-old male patient who sustained an industrial injury on 05/23/2012. On 07/23/2014 the patient underwent a computerized tomography myelogram of the lumbar spine which revealed L5-S1 mild left and moderate right sided foraminal narrowing, disc height reduction, lateralizing spondylosis and right greater than left sided superior facet hypertrophy; status post left hemi laminectomy at L4-6 without any residual/recurrent basis for impingement at this level; and mild right greater than left sacroiliac joint arthropathy is found. On 02/28/2013, he underwent surgical repair for right knee internal derangement. Recent diagnostic testing showed the patient underwent a nerve conduction study on 05/28/2015 that gave an impression of having evidence of compression neuropathy involving the left ulnar nerve at the elbow. There is marked axonal loss involving motor and sensory nerve fibers of the left ulnar nerve; evidence of mild delay involving the median sensory nerve fibers at the wrist in the carpal tunnel bilaterally, left greater; and severe denervation of muscles innervated by left ulnar in the hand and early reinnervation process in the flexor digitorum profundus innervated the ulnar nerve in the forearm. A consultation dated 02/19/2015 reported current medications as: Prozac, Xanax, Trazadone, and Norco. He has discontinued the use of Naproxen as it was causing gastrointestinal upset. He continues with complaint of having significant headaches after undergoing the myelogram. The patient did report having fallen the night prior in the shower as his knees buckled. The impression found the patient with possible dural leak from a recent discogram causing headaches; history of chronic back pain secondary to a work related injury; right knee injuries; chronic pain, and deep vein thrombosis prophylaxis. The patient was

admitted for a hospitalization stay for treating symptoms and pending a dural patch. The patient has had MRI of the lumbar spine on 5/29/15 that revealed post surgical changes, and degenerative changes. The patient had received an unspecified number of PT visits for this injury. The patient's surgical history include lumbar spine and right shoulder surgery. Per the note dated 5/4/15 the patient had complaints of pain in neck and back with radiation and pain in upper extremity and lower extremity at 8-10/10. Physical examination of the of the cervical region revealed decreased sensation in the left upper extremity. Physical examination of the right knee revealed tenderness on palpation. The patient has had MRI of the right knee post arthrogram injection that revealed prior partial meniscectomy. The patient's surgical history includes right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Magnetic resonance imaging (MRI).

Decision rationale: MRI of Cervical Spine. Per the ACOEM chapter, 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red- flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." Per the note dated 5/4/15, the patient had complaints of pain in neck and back with radiation and pain in upper extremity and lower extremity at 8-10/10. Physical examination of the cervical region revealed decreased sensation in the left upper extremity. An electrodiagnostic study reveals abnormalities in the left upper extremity in the ulnar nerve distribution and median nerve distribution. This was likely due to ulnar nerve and median nerve compression, however sometimes this can also be the presentation of a cervical radiculopathy. Patient has significant objective findings and had received conservative therapy for this injury. The request for MRI of Cervical Spine is medically appropriate and necessary in this patient at this time.

Synvisc Injection to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Hyaluronic Acid Injections.

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 (updated 07/10/15) Hyaluronic acid injections.

Decision rationale: Synvisc Injection to the right knee. California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine(ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, "Experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; Younger patients wanting to delay total knee replacement." A detailed physical examination of the right knee was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. The medical necessity of the request for Synvisc Injection to the right knee is not fully established in this patient.