

Case Number:	CM15-0172239		
Date Assigned:	09/14/2015	Date of Injury:	01/01/2015
Decision Date:	10/22/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/01/2015

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: Physical Medicine & Rehabilitation

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 76 year old male, who sustained an industrial-work injury on 1-1-15. A review of the medical records indicates that the injured worker is undergoing treatment for chronic post traumatic headache, peripheral vertigo, contusion of eyelids and periocular area, contusion of chest wall, closed fracture of multiple ribs, wrist sprain, inflammatory and toxic neuropathy, and lumbar strain and sprain. Medical records dated (1-22-15 to 7-23-15) indicate that the injured worker complains of constant pain from head injury and left knee lower extremity injury. The pain is rated 8-9 out of 10 on pain scale which has been unchanged. The pain is aggravated by activities and alleviated by medications. The medical record dated 7-23-15 the physician indicates that the injured worker "fell Sunday morning 7-19-15, the leg gave out and it aggravated back and rib pain." He cancelled going to aqua therapy because of transportation issues and has not had Magnetic Resonance Imaging (MRI) of the lumbar spine he had computerized axial tomography (CT scan) only. The medical records also indicate worsening of the activities of daily living due to increased pain. Per the treating physician report dated 7-23-15 the employee has not returned to work and is to remain off work until 8-27-15. The physical exam dated from (1-22-15 to 7-23-15) reveals mild distress, scoliosis and kyphosis of the back. There is tenderness to palpation of the thoracic, lumbar and sacroiliac joint areas, positive spasm, decreased lower extremity strength and decreased range of motion of the lumbar spine in all planes due to pain. The medical record dated 7-23-15 additionally notes that there is a hematoma of the left eye (peri-orbital area) and there is decreased lumbar range of motion in all planes due to pain. There is tenderness to palpation of the rib area status post fall on Sunday.

Treatment to date has included pain medication including Norco since at least 1-22-15, diagnostics, activity modification, cane, aqua therapy (unknown amount) and other modalities. There is no urine drug screen report noted. The original Utilization review dated 8-5-15 non-certified a request for X-ray of left ribs 3 views, and X-ray of right ribs 3 views as it is not medically necessary and modified a request for Hydrocodone-Acet 5-325mg quantity of: 60 modified to Hydrocodone-Acet 5-325mg quantity of: 45 as there is no documented benefit from the use of the medication or note of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of left ribs 3 views: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lennard A Nadalo, MD; Chief Editor: Felix S Chew, Md, MBA, MEd updated Aug 30, 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology, ACR Appropriateness Criteria 2014, www.acsearch.acr.org/docs/69450/Narrative/.

Decision rationale: Based on the 07/23/15 progress report provided by treating physician, the patient has an injury date of 01/01/15 and is status post fall suffering 5 fractured ribs, massive hematoma, right wrist fracture and injury to right leg and ankle, and presents with pain to head and left knee rated 9/10. The request is for X-Ray of Left Ribs 3 Views. Diagnosis on 07/23/15 includes contusion of chest wall, unspecified inflammatory and toxic neuropathy, and lumbar strain. Treatment to date has included imaging studies, diagnostics, activity modification, cane, aqua therapy and medications. The patient is prescribed Hydrocodone. Work status not provided. American College of Radiology, ACR Appropriateness Criteria 2014, www.acsearch.acr.org/docs/69450/Narrative/ states: "Neither clinical examination nor radiography is ideal for the diagnosis of rib fractures. The standard posteroanterior (PA) chest radiograph is specific but not very sensitive for fractures... Multidetector computed tomography (CT) is increasingly used as the method of choice for the radiologic evaluation of the traumatized patient. It provides an accurate assessment of fractures and associated internal injuries. CT also provides an accurate means of assessing cartilage fractures, which are typically missed on radiography [1, 6]. However, CT is not usually performed only to evaluate for the presence of rib fractures; rather, it is used to evaluate for other associated complications of trauma. Ultrasound (US) may also be used for depiction of rib fractures or associated costal cartilage injury in the emergency setting as described below, although it is a time-consuming examination.... Suspected Rib Fracture after Minor Blunt Trauma (Injury Confined to Ribs) this variant refers to rib fractures resulting from minor blunt trauma. For severe cases of trauma please refer to the ACR Appropriateness Criteria on "Blunt Chest Trauma." In combination with the physical examination, a standard PA chest radiograph should be the initial diagnostic test for detection of rib fractures... CT is more sensitive than radiography for the detection of rib fractures, although it is usually used for assessment of associated injuries in the setting of severe trauma." Patient's diagnosis per Request for Authorization form dated 07/28/15 includes status post fall, tenderness

to palpation left ribs. The American College of Radiology states "In combination with the physical examination, a standard PA chest radiograph should be the initial diagnostic test for detection of rib fractures... CT is more sensitive than radiography for the detection of rib fractures, although it is usually used for assessment of associated injuries in the setting of severe trauma." Per 06/04/15 report, "CT Chest 5/11/15: Multiple Rib Fractures, Artery Calcifications, and Lungs Clear." In this case, the patient is already 6 months post fall injury and has already taken CT scan identifying multiple fractures. Treater does not discuss the necessity for rib X- ray after having CT study already done. There are no discussions of new trauma, re-injury, of suspicion of new fracture to indicate X-ray studies of left rigs at this juncture. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

X-ray of right ribs 3 views: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lennard A Nadalo, MD; Chief Editor: Felix S Chew, Md, MBA, MEd updated Aug 30, 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology, ACR Appropriateness Criteria 2014, www.acsearch.acr.org/docs/69450/Narrative/.

Decision rationale: Based on the 07/23/15 progress report provided by treating physician, the patient has an injury date of 01/01/15 and is status post fall suffering 5 fractured ribs, massive hematoma, right wrist fracture and injury to right leg and ankle, and presents with pain to head and left knee rated 9/10. The request is for X-Ray of Right Ribs 3 Views. Diagnosis on 07/23/15 includes contusion of chest wall, unspecified inflammatory and toxic neuropathy, and lumbar strain. Treatment to date has included imaging studies, diagnostics, activity modification, cane, aqua therapy and medications. The patient is prescribed Hydrocodone. Work status not provided. American College of Radiology, ACR Appropriateness Criteria 2014, www.acsearch.acr.org/docs/69450/Narrative/ states: "Neither clinical examination nor radiography is ideal for the diagnosis of rib fractures. The standard posteroanterior (PA) chest radiograph is specific but not very sensitive for fractures... Multidetector computed tomography (CT) is increasingly used as the method of choice for the radiologic evaluation of the traumatized patient. It provides an accurate assessment of fractures and associated internal injuries. CT also provides an accurate means of assessing cartilage fractures, which are typically missed on radiography [1, 6]. However, CT is not usually performed only to evaluate for the presence of rib fractures; rather, it is used to evaluate for other associated complications of trauma. Ultrasound (US) may also be used for depiction of rib fractures or associated costal cartilage injury in the emergency setting as described below, although it is a time-consuming examination.... Suspected Rib Fracture after Minor Blunt Trauma (Injury Confined to Ribs) this variant refers to rib fractures resulting from minor blunt trauma. For severe cases of trauma please refer to the ACR Appropriateness Criteria on "Blunt Chest Trauma." In combination with the physical examination, a standard PA chest radiograph should be the initial diagnostic test for detection of rib fractures... CT is more sensitive than radiography for the detection of rib fractures, although it is usually used for assessment of associated injuries in the setting of severe trauma." Patient's diagnosis per Request for Authorization form dated 07/28/15 includes status post fall, tenderness

to palpation left ribs. The American College of Radiology states "In combination with the physical examination, a standard PA chest radiograph should be the initial diagnostic test for detection of rib fractures... CT is more sensitive than radiography for the detection of rib fractures, although it is usually used for assessment of associated injuries in the setting of severe trauma." Per 06/04/15 report, "CT Chest 5/11/15: Multiple Rib Fractures, Artery Calcifications, Lungs Clear." In this case, the patient is already 6 months post fall injury and has already taken CT scan identifying multiple fractures. Treater does not discuss the necessity for rib X-ray after having CT study already done. There are no discussions of new trauma, re-injury, of suspicion of new fracture to indicate X-ray study of right ribs at this juncture. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Hydrocodone/Acet 5/325mg qty: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: Based on the 07/23/15 progress report provided by treating physician, the patient has an injury date of 01/01/15 and is status post fall suffering 5 fractured ribs, massive hematoma, right wrist fracture and injury to right leg and ankle, and presents with pain to head and left knee rated 9/10. The request is for Hydrocodone/acet 5/325MG qty: 60. Patient's diagnosis per Request for Authorization form dated 07/28/15 includes status post fall, tenderness to palpation left ribs. Diagnosis on 07/23/15 includes contusion of chest wall, unspecified inflammatory and toxic neuropathy, and lumbar strain. Treatment to date has included imaging studies, diagnostics, activity modification, cane, aqua therapy and medications. The patient is prescribed Hydrocodone. Work status not provided. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Hydrocodone has been included in patient's medications, per progress reports dated 01/22/15, 06/04/15, and 07/23/15. It is not known when this medication was initiated. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. Treater states UDS done but discussion of results were not provided. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

