

Case Number:	CM15-0176870		
Date Assigned:	09/17/2015	Date of Injury:	02/14/2014
Decision Date:	10/20/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 46 year old female who sustained an industrial injury on 02-14-2014. The injured worker was diagnosed as having Headache, Tension, Lumbalgia, Lumbar muscle spasm, Lumbar sprain-strain, Left knee pain, Left knee sprain-strain, Left ankle pain, and Left ankle tenosynovitis. Treatment to date has included six physical therapy sessions, use of a transcutaneous electrical nerve stimulation (TENS) unit, and medication. Medications include Ibuprofen, Salsalate, muscle rub cream and patches. Tramadol 50 mg #90 with one refill noted on 11-06-2014. In the provider notes of 08-03-2015 the injured worker complains of pain in the lumbar spine that gives a sensation "like something is opening inside her." This pain is an 8 on a scale of 0-10, and gets worse when sitting for approximately 20 minutes, walking, bending forward, and turning in bed. She complains of left knee pain that is constant severe stabbing, throbbing, burning, crepitus left knee pain with weakness and cramping becoming pain with walking, bending, and squatting. She also complains of constant severe throbbing burning left ankle pain that is aggravated by walking and preceded by knee pain. The knee pain sometimes prevents her walking. On exam, her lumbar spine ranges of motion are painful. L3-L5 spinous process and lumbar paravertebral muscles have tenderness to palpation and there is muscle spasm of the lumbar paravertebral muscles. Her left knee ranges of motion are painful and there is tenderness to palpation of the anterior, lateral, medial, and posterior knee. There is muscle spasm of the anterior and medial knee, and patellar compression is positive. Her left ankle ranges of motion are painful and there is tenderness to palpation of the medial malleolus. The treatment plan of care is for MRI studies of the lumbar and left knee (which the provider notes

state have been approved), and for transportation services due to narcotic medication. A request for authorization was submitted for MRI Left Knee, MRI lumbar spine, and Transportation to and from appointments, (frequency and duration not provided). A utilization review decision 08-25-2015 approved the MRI of the left knee and denied the requests for the MRI lumbar spine, and transportation to and from appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are tension headache; lumbalgia; lumbar muscle spasm; lumbar sprain strain; left knee sprain strain; left ankle pain; left ankle tenosynovitis. The date of injury is February 14, 2014. Request for authorization is August 18, 2015. The documentation indicates an MRI of the lumbar spine was denied July 8, 2015. According to the August 3, 2015 progress note, subjective complaints of low back pain, left knee and ankle pain. Objectively, there is tenderness to palpation at the paraspinal muscle groups with decreased range of motion. There is no neurologic evaluation. There are no unequivocal objective findings that identify a specific nerve compromise on the neurologic examination. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation with a neurologic evaluation, unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation and no red flags, MRI of the lumbar spine is not medically necessary.

Transportation to/from appointments (frequency/duration not provided): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) Transportation (to & from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/200_299/0218.html.

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin: Home Health Aides, transportation to and from appointments (frequency and duration not provided) are not medically necessary. The MTUS and Official Disability Guidelines do not cover transportation to and from appointments. Aetna does not consider transportation to be medically necessary. See the attached link for additional details. In this case, the injured worker's working diagnoses are tension headache; lumbalgia; lumbar muscle spasm; lumbar sprain strain; left knee sprain strain; left ankle pain; left ankle tenosynovitis. The date of injury is February 14, 2014. Request for authorization is August 18, 2015. The documentation indicates an MRI of the lumbar spine was denied July 8, 2015. According to the August 3, 2015 progress note, subjective complaints of low back pain, left knee and ankle pain. Objectively, there is tenderness to palpation at the paraspinal muscle groups with decreased range of motion. There is no neurologic evaluation. The MTUS and Official Disability Guidelines do not cover transportation to and from appointments. Aetna does not consider transportation to be medically necessary. Additionally, the frequency of transportation and length of time for transportation was not documented in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and guideline non-recommendations with transportation not considered medically necessary, transportation to and from appointments (frequency and duration not provided) are not medically necessary.