

Case Number:	CM15-0070063		
Date Assigned:	04/17/2015	Date of Injury:	05/22/2001
Decision Date:	07/10/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/13/2015

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 (IW) is a 56-year-old male who sustained an industrial injury on 05/22/2001. She reported pain in the lower back and bilateral knees. The injured worker was diagnosed as having cervical and thoracic radiculopathy, sleep impairment, insomnia, pain in limb, and cognitive difficulties. Treatment to date has included topical analgesic ointments, slow release oral analgesics, and non-steroidal anti-inflammatory agents. Currently, the injured worker complains of pain at both wrists, pain at both knees, and pain at ankles, cognitive difficulties, emotional distress, and difficulty sleeping. She also complains of jaw pain, and dizziness and a possible seizure x 1. She has difficulty sleeping. Treatment plans include: MRI of left wrist; MRI of right ankle; Acupuncture (No spinal adjustments) 3 x a week for 1 month; MRI of left ankle; and MRI of thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging).

Decision rationale: The 55-year-old patient presents with severe lumbar spine pain and relies on cane for ambulation, as per progress report dated 02/11/15. The request is for MRI OF LEFT WRIST. RFA for the case is dated 03/06/15, and the patient's date of injury is 05/22/01. Diagnoses, as per progress report dated 02/11/15, included lumbar radiculopathy, thoracic radiculopathy, pain in both wrists, pain in both knees, pain in both ankles, TMJ pain, cephalgia, dizziness, cognitive difficulties, emotional impairment, insomnia, and one single seizure. The patient is status post 3 left knee surgeries and status post 2 right knee surgeries. Medications included Anaprox, Flexeril, Protonix and topical compound creams. The patient is temporarily totally disabled, as per the same progress report. ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging) Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Chronic wrist pain, plain films normal, suspect soft tissue tumor, Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008). Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the progress reports do not document prior MRI of the left wrist. The request is noted in progress report dated 02/11/15. The patient suffers from pain in both wrists. Physical examination reveals bilateral wrist tenderness and positive Tinel's sign on the left. ODG also supports MRIs in patient's with chronic wrist pain. Hence, the request IS medically necessary.

MRI of right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372, 375. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot chapter, Magnetic resonance imaging (MRI).

Decision rationale: The 55-year-old patient presents with severe lumbar spine pain and relies on cane for ambulation, as per progress report dated 02/11/15. The request is for MRI OF RIGHT ANKLE. RFA for the case is dated 03/06/15, and the patient's date of injury is 05/22/01. Diagnoses, as per progress report dated 02/11/15, included lumbar radiculopathy, thoracic radiculopathy, pain in both wrists, pain in both knees, pain in both ankles, TMJ pain, cephalgia, dizziness, cognitive difficulties, emotional impairment, insomnia, and one single seizure. The patient is status post 3 left knee surgeries and status post 2 right knee surgeries. Medications

included Anaprox, Flexeril, Protonix and topical compound creams. The patient is temporarily totally disabled, as per the same progress report. Regarding MRI of the foot/ankle, ODG guidelines, chapter 'Ankle & Foot' and topic 'Magnetic resonance imaging (MRI)', state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the progress reports do not document prior MRI of the right ankle. The request is noted in progress report dated 02/11/15. As per the report, the patient suffers from bilateral ankle pain. The report documents decreased sensation in the plantar aspects of the feet along with ankle tenderness that is less than that of the knees. Given the pain and the neurologic symptoms, the request IS medically necessary.

Acupuncture (No spinal adjustments) 3x a week for 1 month: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The 55-year-old patient presents with severe lumbar spine pain and relies on cane for ambulation, as per progress report dated 02/11/15. The request is for ACUPUNCTURE (NO SPINAL ADJUSTMENTS) 3 X A WEEK FOR I MONTH. RFA for the case is dated 03/06/15, and the patient's date of injury is 05/22/01. Diagnoses, as per progress report dated 02/11/15, included lumbar radiculopathy, thoracic radiculopathy, pain in both wrists, pain in both knees, pain in both ankles, TMJ pain, cephalgia, dizziness, cognitive difficulties, emotional impairment, insomnia, and one single seizure. The patient is status post 3 left knee surgeries and status post 2 right knee surgeries. Medications included Anaprox, Flexeril, Protonix and topical compound creams. The patient is temporarily totally disabled, as per the same progress report. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and AND reduced dependence on medical treatments. In this case, a request for acupuncture is noted in progress report dated 02/11/15. The treater does not explain the purpose of the request. There is no documentation of prior acupuncture trial or its efficacy. MTUS only recommends an initial trial of 3 to 6 months. Subsequent visits will depend on the efficacy of this treatment. Hence, the treater's request of 3 X a week for 1 month is excessive and IS NOT medically necessary.

MRI of left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372, 375. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot chapter, Magnetic resonance imaging (MRI).

Decision rationale: The 55-year-old patient presents with severe lumbar spine pain and relies on cane for ambulation, as per progress report dated 02/11/15. The request is for MRI OF LEFT ANKLE. RFA for the case is dated 03/06/15, and the patient's date of injury is 05/22/01. Diagnoses, as per progress report dated 02/11/15, included lumbar radiculopathy, thoracic radiculopathy, pain in both wrists, pain in both knees, pain in both ankles, TMJ pain, cephalgia, dizziness, cognitive difficulties, emotional impairment, insomnia, and one single seizure. The patient is status post 3 left knee surgeries and status post 2 right knee surgeries. Medications included Anaprox, Flexeril, Protonix and topical compound creams. The patient is temporarily totally disabled, as per the same progress report. Regarding MRI of the foot/ankle, ODG guidelines, chapter 'Ankle & Foot' and topic 'Magnetic resonance imaging (MRI)', state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the progress reports do not document prior MRI of the left ankle. The request is noted in progress report dated 02/11/15. As per the report, the patient suffers from bilateral ankle pain. The reports documents decreased sensation in the plantar aspects of the feet along with ankle tenderness that is less than that of the knees. Given the pain and the neurologic symptoms, the request IS medically necessary.

MRI of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

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 Lower back Lumbar & Thoracic (Acute & Chronic) chapter, Magnetic resonance imaging (MRIs).

Decision rationale: The 55-year-old patient presents with severe lumbar spine pain and relies on cane for ambulation, as per progress report dated 02/11/15. The request is for MRI OF LEFT ANKLE. RFA for the case is dated 03/06/15, and the patient's date of injury is 05/22/01. Diagnoses, as per progress report dated 02/11/15, included lumbar radiculopathy, thoracic radiculopathy, pain in both wrists, pain in both knees, pain in both ankles, TMJ pain, cephalgia, dizziness, cognitive difficulties, emotional impairment, insomnia, and one single seizure. The patient is status post 3 left knee surgeries and status post 2 right knee surgeries. Medications included Anaprox, Flexeril, Protonix and topical compound creams. The patient is temporarily totally disabled, as per the same progress report. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not

respond to treatment and who would consider surgery an option." ODG Guidelines, chapter Lower back Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)', do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, a request for thoracic MRI is noted in progress report dated 02/11/15. While patient has a positive straight leg raise and decreased sensation at outer thighs, the treater does not document any thoracic symptoms or deficits. Given the lack of relevant documentation, the request IS NOT medically necessary.