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| Case Number: | CM15-0071767 | | |
| Date Assigned: | 04/22/2015 | Date of Injury: | 10/24/2014 |
| Decision Date: | 06/26/2015 | UR Denial Date: | 03/16/2015 |
| Priority: | Standard | Application Received: | 04/15/2015 |

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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 28-year-old male, with a reported date of injury of 10/24/2014. The diagnoses include thoracic disc protrusion, thoracic myofasciitis, thoracic sprain/strain, lumbar disc protrusion, lumbar muscle spasm, lumbar myofasciitis, lumbar radiculopathy, lumbar sprain/strain, and left knee chondromalacia. Treatments to date have included oral medications, an MRI of the thoracic spine, an MRI of the lumbar spine, an MRI of the left knee, chiropractic treatment, and electrodiagnostic studies. The progress report dated 03/02/2015 indicates that the injured worker complained of upper/mid back pain, low back pain, and left knee pain. The objective findings include a mild antalgic gait, a mild limp, tenderness to palpation of the thoracic paravertebral muscles, muscle spasm of the thoracic paravertebral muscles, decreased lumbar range of motion, tenderness to palpation of the lumbar paravertebral muscles, muscle spasm of the lumbar paravertebral muscles, positive left straight leg raise test, tenderness to palpation of the left anterior knee, lateral knee, medial knee, and posterior knee, and muscle spasm of the left knee. The treating physician requested Hydrocodone, left knee, and thoracic/lumbar spine LINT times three and NM diagnostic procedure, a urine test, and blood draw for complete blood count and complete chemistry to evaluate liver, kidney, and complete blood count functions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (unspecified quantity and dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured several months ago. There is alleged thoracic disc protrusion, pain, and degenerative conditions. There is a mild limp. There is reported a positive straight leg raise. The urinalysis is a drug test. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

**Left Knee, and Thoracic and Lumbar Spine LINT X3 and NM (nuclear medicine)
Diagnostic Procedure: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Novel Image-Guided, Automatic, High Intensity Neurostimulation Device for the Treatment of Nonspecific Low Back Pain - Pain Research & Treatment, Vol 2011, Article 152307, 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 97 of 127. Decision based on Non- MTUS Citation Wheelless Orthopedics regarding nuclear medicine studies to detect prosthesis loosening.

Decision rationale: LINT [Intense Neurostimulation] is a form of Percutaneous electrical nerve stimulation (PENS). The MTUS notes: Not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. (Ghonaime-JAMA, 1999) (Yokoyama, 2004) In this case, there is no evidence of its use being part of a functional evidence-based restoration program. The request is not certified. Regarding nuclear imaging to the knee. This claimant was injured several months ago. There is alleged thoracic disc

protrusion, pain, and degenerative conditions. There is a mild limp. There is reported a positive straight leg raise. The MTUS is silent. The ODG is similarly silent. Per the on line Wheelless Orthopedics, nuclear studies of the knee can be helpful to determine if an implant is loosening. I did not note that in this case.

The request is also not medically necessary.

Injection-Blood Draw for CBC (complete blood count) and complete chemistry to evaluate liver, kidney and CBC (complete blood count) functions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online (url) <http://labtestsonline.org/understanding/analytes/cbc/tab/test>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Medicine. <http://www.nhlbi.nih.gov/health/health-topics/topics/bdt/>.

Decision rationale: This claimant was injured several months ago. There is alleged thoracic disc protrusion, pain, and degenerative conditions. There is a mild limp. There is reported a positive straight leg raise. The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests; and it is not clear the impact on improving the patient's functionality post injury. There was insufficient information to do a valid review of clinical necessity of the proposed service. The request is appropriately not medically necessary under the medical sources reviewed.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter; Indications for UDT Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/003579.htm>.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG likewise is silent. Per the National Institutes of Health, urinalysis is the physical, chemical, and microscopic examination of urine. It involves a number of tests to detect and measure various compounds that pass through the urine. In this case, it is not clear how this procedure is beneficial to the patient and clinically essential. There is no mention of renal or bladder contusion, or other conditions that need assessment. At present, the request is not medically necessary.