

<b>Case Number:</b>	CM15-0075758		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 58-year-old female who sustained an industrial injury on 06/12/14. Initial complaints and diagnoses are not available. Treatments to date include physical therapy and medications. Diagnostic studies are not addressed. Current complaints include right wrist and hand pain. Several documents are difficult to decipher. Current diagnoses include cervical, lumbar and thoracic spine sprain/strain, bilateral knee sprain /strain, right elbow sprain/strain, and right wrist sprain/strain. In a progress note dated 03/13/15 the treating provider reports he plan of care as discontinue physical therapy, request acupuncture, an Interferential unit, and diagnostic studies including MRIs of the lumbar and cervical spine, as well as ultrasounds of the right shoulder, right elbow and bilateral knees. The requested treatments are MRIs of the cervical and lumbar spine, ultrasounds of the right elbow and bilateral knees, and an Interferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

**Decision rationale:** ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure". ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging". Indications for imaging, MRI (magnetic resonance imaging): Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal". Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit. The treating physician has not provided evidence of red flags to meet the criteria above. As such, the request for MRI of the cervical spine is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery". ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI of the lumbar spine is not medically necessary.

## **Ultrasound of the right elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Ultrasound, diagnostic.

**Decision rationale:** The MTUS state that most patients do not require imaging. Below are the recommended criteria. Criteria for ordering imaging studies are: The imaging study results will substantially change the treatment plan. Emergence of a red flag. Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. They further go on to state that " In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases: When surgery is being considered for a specific anatomic defect. To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis." The ODG states that ultrasound of the elbow is "Recommended as indicated below. Ultrasound (US) has been shown to be helpful for diagnosis of complete and partial tears of the distal biceps tendon, providing an alternative to MRI. (ACR, 2001) (Wiesler, 2006) See also ACR Appropriateness Criteria". Ultrasound of the common extensor tendon had high sensitivity but low specificity in the detection of symptomatic lateral epicondylitis. (Levin, 2005) Limited evidence shows that diagnostic sonography may not be effective in predicting response to conservative therapy for tennis elbow. (Struijs, 2005) Indications for imaging, Ultrasound: Chronic elbow pain, suspect nerve entrapment or mass; plain films non-diagnostic (an alternative to MRI if expertise available); Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films non-diagnostic (an alternative to MRI if expertise available) In this case, there is no evidence of the above indications. As such, the request for Ultrasound of the right elbow is not medically necessary.

## **Ultrasound of the bilateral knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Ultrasound, diagnostic.

**Decision rationale:** MTUS is silent on diagnostic ultrasound sound of the knee. ODG states "Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR; sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. (ACR, 2001) See also ACR Appropriateness Criteria". Ultrasound guidance for knee joint injections: In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary, but it may be considered in the following

cases: (1) the failure of the initial attempt at the knee joint injection where the provider is unable to aspirate any fluid; (2) the size of the patient's knee, due to morbid obesity or disease process, that inhibits the ability to inject the knee without ultrasound guidance; & (3) draining a popliteal (Baker's) cyst. Although there is data to support that ultrasound guidance improves the accuracy of knee joint injections and reduces procedural pain in some cases, the data does not support improved clinical outcomes from ultrasound guidance for all knee joint injections. In addition, package inserts for drugs used for knee joint injections do not indicate the necessity of the use of ultrasound guidance. (CMS, 2010) US guidance significantly improves the accuracy of joint injection, allowing a trainee to rapidly achieve high accuracy, but US guidance did not improve the short-term outcome of joint injection. (Cunnington, 2010) This systematic review confirms that short-term outcome improvements are present using ultrasound-guided injection techniques but can confirm no difference in long-term outcome measures using either technique. (Gilliland, 2011) ODG states "Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR". The treating physician has not met the above ODG guidelines for diagnostic ultrasound of the knee. As such, the medical request Ultrasound of the bilateral knees is not medically necessary.

**Interferential Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

**Decision rationale:** ACOEM guidelines state, "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." The medical records fail to indicate the above indications. Additionally, the medical documentation does not detail any concerns for substance abuse or pain from postoperative conditions that limit ability to participate in exercise programs/treatments. The medical documents do not indicate ongoing physical therapy and/or chiropractic treatment or detail unresponsiveness to other conservative measures such as repositioning, heat/ice, etc. As such, the request for Interferential unit is not medically necessary.