

Case Number:	CM15-0092850		
Date Assigned:	05/19/2015	Date of Injury:	10/14/2005
Decision Date:	07/02/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/14/2015

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 54 year old male, who sustained an industrial injury on 10/14/2005. Diagnoses have included lumbar post-laminectomy syndrome with bilateral lower extremity radiculopathy, lumbar myoligamentous injury with degenerative disc disease and facet arthropathy, cervical myoligamentous injury, bilateral knee internal derangement and right lateral epicondylitis. Treatment to date has included lumbar laminectomy, spinal cord stimulator, right knee surgery, physical therapy, right knee injection, magnetic resonance imaging (MRI) and medication. According to the progress report dated 1/15/2015, the injured worker complained of increased right knee pain. He had an altered gait due to his right knee pain causing a flare-up of his low back pain. He had ongoing pain in his lower back radiating down the bilateral lower extremities. Physical exam revealed tenderness to palpation of the right elbow. Exam of the lumbar spine revealed tenderness to palpation along the lumbar musculature bilaterally with decreased range of motion. Straight leg raise was positive bilaterally. Exam of the right knee revealed tenderness to palpation and soft tissue swelling. There was soft tissue swelling and tenderness to palpation of the left great toe. Authorization was requested for LidoPro topical analgesic ointment, four trigger point injections for posterior musculature, an orthopedic surgeon consultation and a left knee magnetic resonance imaging (MRI) arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of LidoPro topical analgesic ointment #121g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic page(s): 111-113.

Decision rationale: According to the 01/15/2015 report, this patient presents with pain at the right elbow, lumbar spine with bilateral lower extremity radiculopathy, right knee, and left great toe. The current request is for 1 prescription of LidoPro topical analgesic ointment #121g. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. The request for authorization is not included in the file for review. The patient's disability status is temporarily totally disabled. Regarding Topical Analgesics, the MTUS Guidelines page 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, any compounded product that contains at least one (or drug class) that is not recommended is not recommended. MTUS states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The current request is not medically necessary.

4 trigger point injections for posterior lumbar musculature: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections page(s): 122.

Decision rationale: According to the 01/15/2015 report, this patient presents with pain at the right elbow, lumbar spine with bilateral lower extremity radiculopathy, right knee, and left great toe. The current request is for 4 trigger point injections for posterior lumbar musculature. The request for authorization is not included in the file for review. The patient's disability status is temporarily totally disabled. Regarding repeat trigger point injections, MTUS guidelines page 122 state, no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Based on the 12/17/2014 report, the treating physician states that the patient received four trigger-point injection to the lumbar spine. In this case, there was no documentation of pain relief greater than 50% lasting for 6 weeks after the injection as required by MTUS guidelines. Furthermore, the treating physician indicates that the patient has lower extremity radiculopathy. Based on available information, the patient has radicular symptoms for which trigger point injections are not indicated. The medical necessity cannot be substantiated at this time; therefore, this request is not medically necessary.

1 orthopedic surgeon consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: According to the 01/15/2015 report, this patient presents with pain at the right elbow, lumbar spine with bilateral lower extremity radiculopathy, right knee, and left great toe. The current request is for 1 orthopedic surgeon consultation but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 01/15/2015 and the utilization review letter in question is from 04/10/2015. The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Based on the medical reports provided for review, the patient presents with chronic low back pain and right knee pain. The Utilization Review letter in question states Considering the ongoing benefit for conservative care, the absence of clinical finding which necessitate surgical intervention, the previous orthopedic surgeon consultations and the guidelines below, the orthopedic surgeon consultation for the right knee is not medically necessary. In this case, the treating physician does not provide a medical rationale as to why the patient needs another surgeon consultation when the patient has had two previous surgeon consultation. The total knee replacement has already been recommended. Without an explanation in regards to necessity of orthopedic consultation, the medical necessity cannot be substantiated. The request Is Not medically necessary.

1 left knee MRI arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee chapter under MR arthrogram.

Decision rationale: According to the 01/15/2015 report, this patient presents with pain at the right elbow, lumbar spine with bilateral lower extremity radiculopathy, right knee, and left great toe. The current request is for 1 left knee MRI arthrogram but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 01/15/2015 and the utilization review letter in question is from 04/10/2015. Regarding MR Arthrogram, ODG guidelines state: recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. Based on 08/26/2014 to 01/15/2015 medical reports, the patient's has chondromalacia patella of the left knee but no surgery or concerns regarding re- tear of

the meniscus. ODG guideline supports MRI arthrogram as a postoperative option to help diagnose recurrent tear. The treater does not explain why MRI arthrogram is being asked for. Based on available information, there is lack of guidelines support. The request is not medically necessary.