

<b>Case Number:</b>	CM15-0094885		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	09/17/2009
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 41 year old male with an industrial injury dated 9/17/2009. The injured worker's diagnoses include lumbar spine disc disease with radicular pain and left knee sprain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/17/2015, the injured worker reported lower back pain. Objective findings revealed tenderness to palpitation of the left knee at medial epicondyle, tibialis anterior, and pes anserine insertion. The treating physician also noted pain with left knee extension/ flexion, positive left patellar grinding, positive left valgus/varus stress, and positive left McMurray's sign. The treating physician prescribed services for physical therapy for lumbar spine 12 sessions, radiographs for lumbar spine, Magnetic Resonance Imaging (MRI) of the left knee, L2 sacrum discogram and orthopedist consultation for lumbar spine now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for lumbar spine 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** In accordance with California MTUS guidelines, 8-10 visits over 4 weeks are recommended in the treatment of neuralgia, neuritis, and radiculitis. For myalgia and myositis 9-10 visits over 8 weeks is recommended. In this patient's case, 12 sessions for the low back are being requested. This exceeds guideline recommendations given the indication. Utilization review has appropriately modified the request to 6 sessions. Likewise, this request for 12 sessions is not considered medically necessary.

**Radiographs for lumbar spine:** 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), lumbar radiographs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines Page(s): 303-305.

**Decision rationale:** California MTUS guidelines state: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Regarding this patient's case, his symptoms do not appear to have changed significantly. There is no evidence in the documentation provided of any red flag symptoms (bowel/bladder incontinence, saddle anesthesia, fevers) or new neurologic deficits to warrant repeat imaging studies. Likewise, this request is not considered medically necessary.

**Magnetic Resonance Imaging (MRI) of the left knee:** 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), MRI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 335.

**Decision rationale:** This request is for an MRI of the Left Knee. This patient's physical exam is positive for a McMurray's sign, which can indicate a meniscus tear. The most appropriate test for further evaluation is an MRI of the knee. This request is considered medically necessary and appropriate.

**L-2 sacrum discogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter, discography.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain Complaints Page(s): 304-305.

**Decision rationale:** California MTUS guidelines state regarding Diskography, Diskography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, diskography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration. Failure of conservative treatment Satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.) Is a candidate for surgery. Has been briefed on potential risks and benefits from diskography and surgery. Regarding this patient's case, MTUS guidelines are not satisfied. This patient has a diagnosis of chronic back pain, and there is no documentation that he has had a detailed psychosocial assessment. Discography is specifically not recommended in chronic back pain patients who have not passed a psychosocial assessment. There is also no documentation that this patient is being considered as a candidate for potential surgery nor that he has been briefed on the potential risks and benefits. Therefore, this request for Discography is not considered medically necessary.

**Orthopedist consultation for lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines Page(s): 2-3.

**Decision rationale:** The California MTUS guidelines state, Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management. Regarding this patient's case, orthopedic referral appears appropriate and medically necessary. The patient's knee exam identified a positive McMurray's sign, which classically denotes a meniscus tear. This request for an Orthopedics consultation is considered medically necessary and appropriate.