

<b>Case Number:</b>	CM14-0140658		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/06/2004
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 47-year-old who had a work related injury on April 6, 2004 to his back while working as a truck driver. The mechanism of injury was noted as developed lots of low back pain due to continuously loading and unloading ninety pound packages himself. Prior treatment includes a laminectomy fusion 09/04, and was provided with a walker. However, he did not improve with time; care was transferred to another physician. He last worked in 2004 and was disabled. Most recent clinical documentation submitted for review was dated September 9, 2014 his current complaints was dull achy pain in low back radiating throughout his body rated 5/10 on visual analog scale (VAS) but stated it varied by day. He reported that time; his pain got up to 10/10 on VAS (visual analog scale). The injured worker reported it was constant and there were no particular activities which exacerbated his pain, the pain had a mind of its own and occurred when he was sitting and standing and lying down, stiffness radiating from his neck to the bilateral shoulders and arms, stiffness in the back down into his hips bilateral legs, stiffness caused difficulty in performing daily tasks such as getting dressed, putting on his shoes and socks, and preparing meals, also described lower extremities symptoms including aching pain and numbness, right leg tended to give out on him, when he stood or walked, the right knee would shift and caused him to lose balance, and this caused several falls. The injured worker continued to utilize single point cane for ambulation and stated this helped to stabilize him. Pain was most prominent in the right leg, at times the pain radiated to the left leg but not as much as in the right, at times he experienced shooting electrical pains down the right leg, pain varied by day, at times it was dull and other times it was sharp pain he reported his right knee locked intermittently causing him to be unable to fully extend the leg, continued to utilize Naproxen 500 milligrams twice daily as needed for inflammation and meth Methoderm gel. The injured worker reported he took pain medication in the past but stated he wished to avoid these types of

medication. Past surgeries fusion L4 to L5 and L5 to S1 09/04 physical examination he was alert and oriented no acute distress, slow and antalgic, ambulated with use of single point cane, abnormal heel and toe walk, tenderness to palpation over the lumbar spine, limited range of motion in the lumbar spine, well healed surgical scar, sacroiliac joint tenderness bilaterally, lower extremities sensation decreased in right L5 dermatome, left 5 to 5 dorsiflexor and extensor hallus longus (EHL), right 5 to 5 dorsiflexor and EHL, knee flexion, normal patellar reflexes bilaterally, Achilles reflexes were hypo reflexic bilaterally, straight leg raise was positive bilaterally. Diagnosis status post lumbar fusion L4 to L5 and L5 to S1, lumbar spine radiculopathy, failed back syndrome. Prior utilization review dated 08/04/14 noncertified. Current request was for acupuncture two times a week for four weeks to the right knee and right hip, MRI of the right knee and hip and pelvis. Office visit dated 07/20/14 physical examination of his right knee right hip no swelling deformity or effusion. No bone or joint malalignment, range of motion active range of motion of his right hip was 110 degrees passive range of motion 120 degrees, extension 25 degrees passive extension 30 degrees, abduction was 40 degrees actively and passively 45 degrees, adduction was 25 degrees active and 30 degrees passive, internal rotation 35 degrees and passive 40 degrees, external rotation 45 degrees and 50 degrees passive, tenderness to palpation over right sacroiliac joint, no skin hypersensitivity, pain with range of motion, strength was 5/5 in the EHL tibialis anterior, peroneals, gastrocs, and quadriceps, hip flexors, right knee examination no swelling deformity or effusion, 120 degrees of active flexion and 0 degrees of extension, range of motion negative apprehension patellar grind test and McMurray and Apley and Lachman and anterior drawer. Imaging studies of the right knee in office reviewed noted degenerative joint disease. Two Xrays of the right hip in office on 06/24/14 noted right hip degenerative disc disease or degenerative joint disease.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture to the right knee, twice weekly for four weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Prior utilization review dated August 4, 2014 modified the request to three visits. There is no documentation of functional improvement with the previous acupuncture treatments. Therefore, the request for acupuncture to right knee, twice weekly for four weeks is not medically necessary or appropriate.

**Acupuncture to the right hip, twice weekly for four weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Prior utilization review dated August 4, 2014 modified the request to three visits. There is no documentation of functional improvement with the previous acupuncture

treatments. Therefore, the request for acupuncture to the right hip, twice weekly for four weeks is not medically necessary or appropriate.

**MRI of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, MRI's (magnetic resonance imaging)

**Decision rationale:** The clinical documentation submitted for review does not support the request. Right knee examination revealed no swelling deformity or effusion, with 120 degrees of active flexion and 0 degrees of extension, range of motion negative apprehension patellar grind test and McMurray and Apley and Lachman and anterior drawer. Imaging studies of the right knee in office reviewed noted degenerative joint disease. The injured worker has no findings of a meniscal injury or ligament injury, Xrays show degenerative joint disease. As such, medical necessity has not been established. Therefore, the request for an MRI of the right knee is not medically necessary or appropriate.

**MRI of the right hip:** 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), Treatment Index, 12th Edition (web), 2014, Hip and Pelvis Chapter, MRI

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter, MRI's (magnetic resonance imaging)

**Decision rationale:** There is no documentation of failed conservative care. There are no findings on Xray except for right hip degenerative disc disease or degenerative joint disease. No signs of avascular necrosis (AVN), tumor, or occult fracture. Therefore, the request for an MRI of the right hip is not medically necessary or appropriate.

**MRI of the right pelvis:** 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), Treatment Index, 12 Edition (web), 2014, Hip and Pelvis Chapter, MRI

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pelvis and hip chapter, , MRI's (magnetic resonance imaging)

**Decision rationale:** The request for MRI of the right hip is not medically necessary. There is no documentation of failed conservative care. There are no findings on Xray except for right hip degenerative disc disease or degenerative joint disease. No signs of avascular necrosis (AVN), tumor, or occult fracture. Therefore medical necessity has not been established. Therefore, the request for an MRI of the right pelvis is not medically necessary or appropriate.