

<b>Case Number:</b>	CM15-0104647		
<b>Date Assigned:</b>	08/25/2015	<b>Date of Injury:</b>	02/25/2015
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 56 year old female, who sustained an industrial injury on February 25, 2015. She reported a cumulative trauma injury. The injured worker was diagnosed as having bilateral knee patellofemoral arthralgia and internal derangement, bilateral shoulder periscapular myofascial strain with attendant impingement tendinitis and bursitis, bilateral elbow medial and lateral epicondylitis with cubital tunnel syndrome, bilateral forearm and wrist overuse flexor and extensor tenosynovitis with cubital tunnel syndrome, bilateral wrist de Quervain's tenosynovitis, lumbosacral musculoligamentous sprain and strain with attendant bilateral lower extremity radiculitis and depression and stress with associated insomnia secondary to chronic pain and disability. Treatment to date has included diagnostic studies and medications. On July 15, 2015, the injured worker complained of bilateral knee pain, bilateral shoulder pain, elbow pain and low back pain. The pain was rated as a 7-8 on a 1-10 pain scale. The treatment plan included chiropractic treatment and follow-up visit. A request was made for diagnostic ultrasound studies of bilateral knees, chiropractic manipulative therapy in conjunction with physiotherapy modalities three times four, radiographs of lumbar spine, bilateral shoulder and knees, evaluation and treatment with psychiatrist, evaluation and treatment with sleep specialist, Anaprox 550mg #60 and Norco 5 325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Diagnostic Ultrasound Studies bilateral knees: 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): Knee & Leg - Ultrasound, Diagnostic.

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

**Decision rationale:** Per the ODG guidelines with regard to ultrasound: 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 is only recommended in limited cases for knee joint injections. Diagnostic ultrasound has been shown to be diagnostic for acute anterior cricate ligament (ACL) injuries in the presence of hemarthrosis or for follow-up. Soft-tissue injuries are best evaluated by MR. As ultrasound is not indicated, the request is not medically necessary.

### **Chiropractic Manipulative Therapy in Conjunction with Physiotherapy Modalities 3 x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation.

**Decision rationale:** With regard to chiropractic treatment, the MTUS CPMTG states: "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion." Per the ODG TWC, a trial of 6 visits over 2 weeks is supported, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. The documentation submitted for review does not indicate that the injured worker has previously been treated with chiropractic manipulation or physical therapy. While the request is indicated, it is in excess of the guideline recommended trial of 6 visits. As such, medical necessity cannot be affirmed. The request is not medically necessary.

## **Radiographs of Lumbar Spine, Bilateral Shoulder, Knees: 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); Low Back - Radiographs (X-rays), Shoulder Radiographs , Knee & Leg Radiographs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Radiography, Knees, Shoulders.

**Decision rationale:** Per the ODG guidelines regarding X-ray of the low back: Not recommend routine x-rays in the absence of red flags. (See indications list below.) Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. Indications for imaging -- Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit, Thoracic spine trauma: with neurological deficit, Lumbar spine trauma (a serious bodily injury): pain, tenderness, Lumbar spine trauma: trauma, neurological deficit, Lumbar spine trauma: seat belt (chance) fracture, Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70, Uncomplicated low back pain, suspicion of cancer, infection, Myelopathy (neurological deficit related to the spinal cord), traumatic-Myelopathy, painful-Myelopathy, sudden onset-Myelopathy, infectious disease patient-Myelopathy, oncology patient, Post-surgery: evaluate status of fusion. Regarding the bilateral shoulders: Indications for imaging -- Plain radiographs:- Acute shoulder trauma, rule out fracture or dislocation, Acute shoulder trauma, questionable bursitis, blood calcium (Ca+)/approximately 3 months duration, first study. Regarding the knees: Indications for imaging -- X-rays: Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight. First study. Acute trauma to the knee, injury to knee  $\geq$  2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk. Acute trauma to the knee, significant trauma (e.g, motor vehicle accident), suspect posterior knee dislocation. Nontraumatic knee pain, child or adolescent nonpatellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). Nontraumatic knee pain, child or adult: patellofemoral (anterior) symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view. Nontraumatic knee pain, adult: nontrauma, nontumor, nonlocalized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). (ACR, 2001) (Pavlov, 2000) The medical records submitted for review do not contain evidence of an acute trauma affecting the low back, shoulders, or knees. The request is not medically necessary.

## **Evaluation and Treatment with Psychiatrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up.

**Decision rationale:** Per p 398 of the ACOEM guidelines: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co-morbidities."Evaluation

with a psychiatrist is indicated, however, the medical necessity of treatment cannot be affirmed absent evaluation results. The request is not medically necessary.

**Evaluation & Treatment with Sleep Specialist: 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); Pain Chapter-Polysomnography.

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

**Decision rationale:** Per the ODG guidelines: Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. Per the documentation submitted for review, the injured worker has not had an insomnia complaint for at least six months. The request is not medically necessary.

**Anaprox 550mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." Per the documentation submitted for review, this appears to be the first prescription of this medication. It is indicated for the injured worker's low back pain, shoulder, and knee pain. The request is medically necessary.

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p 76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to improve? (c) Is there likelihood of abuse or an adverse outcome?" Per the medical records, pain was rated 7-8/10 in intensity. NSAID therapy had not yet been initiated. Furthermore, per patient visit summary dated 3/10/15, it is noted that the injured worker is allergic to Norco. The request is not medically necessary.