

<b>Case Number:</b>	CM13-0004540		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	06/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; attorney representation; transfer of care to and from various providers in various specialties; adjuvant medications; topical patches; and extensive periods of time off of work, on total temporary disability. In a utilization review report of June 17, 2013, the claims administrator denied a request for epidural steroid injections and Supartz injections, citing a lack of radiographically confirmed knee arthritis as well as a lack of imaging studies suggesting a bona fide lumbar radiculopathy. The applicant's attorney subsequently appealed. An earlier lumbar MRI of October 8, 2012 is notable for minor degenerative facet changes at multiple levels without definite evidence of neurologic compromise. On October 8, 2012, an L4-L5 and L5-S1 epidural steroid injection was sought as the applicant was reporting neck and low back pain radiating to the arms and legs. The applicant was described as morbidly obese with a BMI of 35. He was placed off of work, on total temporary disability, on that date. Multiple other progress notes interspersed throughout late 2012 and early 2013 also suggested the applicant is off of work, on total temporary disability. On May 24, 2013, the applicant again presented with neck and low back radiating to the arms and legs. An epidural steroid injection and five consecutive knee Supartz injections were sought. The applicant reportedly had 8/10 pain radiating to the arms and legs. The applicant reportedly tried physical therapy without any relief. Limited lumbar range of motion was noted with 5/5 upper extremity strength and 5-/5 bilateral lower extremity strength is appreciated. The applicant exhibits an antalgic gait using a cane to move about. Knee crepitation was noted. Straight leg raising was reportedly positive. BuTrans, Norco, Soma, Neurontin, Zanaflex, and tramadol were endorsed in conjunction with an epidural steroid injection and five

Supartz injections. The applicant was again placed off of work, on total temporary disability. In a medical-legal report of March 1, 2013, a medical-level evaluator notes that the applicant had had a prior knee MRI of September 30, 2011, which was essentially normal without evidence of meniscal or ligament, tear as well as possible posttraumatic inflammatory changes in the infrapatellar fat pad. It does appear that epidural steroid injections were requested at multiple points throughout 2012 and 2013, but do not appear to have been performed at any point.

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

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

#### **Request for Prospective Bilateral L5-S1 Transforaminal Epidural Steroid Injections:**

Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 - 9792.26, Page(s): 46.

**Decision rationale:** Yes, the proposed L5-S1 epidural steroid injections were medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are endorsed in the treatment of radiculopathy. It is preferable to have the radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. In this case, however, there is no clear electrodiagnostic or radiographic corroboration of the applicant's radicular complaints. Nevertheless, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two epidural blocks for diagnostic purposes. In this case, the applicant has not had any prior epidural injection therapy. He has tried and failed numerous other treatments, including time, physical therapy, TENS unit, medications, etc. Given the failure of the many first and second line treatments here, a trial epidural steroid injection may be beneficial both for diagnostic and therapeutic purposes. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

#### **Prospective Supartz Injections of the Right Knee (x 5): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**Decision rationale:** Conversely, the request for Supartz injections to the right knee, conversely, is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the third edition ACOEM Guidelines do recommend intra-articular knee viscosupplementation injections in those individuals with moderate-to-severe knee arthritis that

is unsatisfactorily controlled with NSAIDs, acetaminophen, weight loss, or exercises strategies, in this case, however, the claimant does not carry a diagnosis of radiographically confirmed moderate-to-severe knee arthritis for which knee Supartz injections would be indicated.

Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.