

Case Number:	CM13-0017048		
Date Assigned:	12/27/2013	Date of Injury:	09/08/2001
Decision Date:	03/11/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/27/2013

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 Family Practice 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 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 patient is a 57-year-old female who reported an injury on 09/08/2001. The patient is currently diagnosed with primary patellofemoral pain in the right knee, chronic pain syndrome, and osteoarthritis involving the lower leg. The patient was seen by [REDACTED] on 11/25/2013. The patient presented with persistent right knee pain. It is noted that the patient currently utilizes a brace and has been previously treated with Synvisc injections. Physical examination revealed 2+ dorsalis pedis pulse, intact sensation, 5/5 motor strength, 0 to 130 degree range of motion, tenderness to palpation, and trace effusion. Treatment recommendations included Euflexxa injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intradiscal electrothermal therapy at the left L4 vertebra: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter. Intradiscal Electrothermal Annuloplasty

Decision rationale: California MTUS/ACOEM Practice Guidelines state intradiscal electrothermal annuloplasty may show some advantages over discectomy, but IDET is operator dependent and not considered ready for wholesale use by the public. Early outcomes may exaggerate the efficacy of IDET because some who initially improve later deteriorate. Official Disability Guidelines state intradiscal electrothermal annuloplasty is not recommended. As per the documentation submitted, the patient's current diagnoses include primary patellofemoral pain in the right knee, chronic pain syndrome, and osteoarthritis in the lower leg. There is no documentation of a recent physical examination of the lumbar spine. Therefore, there is no evidence of discogenic pain that is non-radicular and has not responded to conservative treatment. As guidelines do not recommend the requested procedure, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

An intra-articular Botox injection to the right knee (100 units): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Botulinum Toxin.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as cortisone injections and needle aspiration are not routinely indicated. Official Disability Guidelines state botulinum toxin injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. As per the documentation submitted, there is no evidence of a failure to respond to recent conservative treatment prior to the request for an injection. As guidelines do not recommend Botox injections for disorders other than cervical dystonia, the current request cannot be determined as medically appropriate. As such, the request is non-certified.