

Case Number:	CM13-0034597		
Date Assigned:	12/11/2013	Date of Injury:	02/17/1993
Decision Date:	03/14/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/15/2013

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 Orthopedic Surgery, 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:

This claimant is a 61-year-old female who was injured February 17, 1993. She was noted to be with injuries to the knees as well as the low back. Review of records included an MRI report of the lumbar spine from May 29, 2013 that showed the L4-5 level to be with grade I spondylolisthesis with bilateral foraminal narrowing and the L5-S1 level to be with a right-sided paracentral disc protrusion with evidence of bilateral neural foraminal narrowing. A October 2, 2013 followup assessment with pain management physician, [REDACTED] indicated diagnoses of cervicalgia, cervical radiculitis, de Quervain's tenosynovitis, multilevel spondylosis, facet arthropathy, lumbar disc disease with stenosis and radiculopathy, and bilateral knee degenerative change. Physical examination findings that date showed equal and symmetrical reflexes with 5/5 strength to the upper and lower extremities bilaterally with no documentation of sensory deficit. Motion to the knees were full and unrestricted with positive McMurray's testing bilaterally and an antalgic gait. Based on the claimant's clinical records for review, process recommendations were for a two-level right-sided L4-5 and L5-S1 epidural steroid injection; bilateral knee viscosupplementation injections; topical compounding cream to contain Flurbiprofen, cyclobenzaprine, tramadol; and lower extremity nerve conduction studies. Prior treatment in regard to the claimant's knees as well as recent clinical imaging was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (ESI), targeting the L4-5 and L5-S1 (right S1 nerve root): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections Page(s): 46.

Decision rationale: Based on California MTUS chronic pain medical treatment guidelines, epidural injection at two levels would not be indicated. While the employee is noted to be with foraminal narrowing on imaging assessment, there is currently no documentation of physical examination findings that would support the role of an injection process at the L4-5 or L5-S1 level. The employee's last clinical examination showed no evidence of focal, motor, sensory, or reflexive change, thus negating the need for the procedure in question.

Bilateral knee hyaluronan injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/ Treatment in Workers' Comp, Section Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/ Treatment in Workers' Comp, Section Knee Procedures.

Decision rationale: The MTUS guidelines are silent. When looking at Official Disability Guideline criteria, bilateral viscosupplementation injection procedures would not be indicated. At present, there is no documentation of recent clinical imaging or prior conservative measures including previous corticosteroid injections that would support or indicate the need of injection therapy in this individual. The absence of the above would fail to necessitate the process and request.

Tramadol, Flurbiprofen, Cyclobenzaprine compound topical analgesic cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-113.

Decision rationale: Based on California MTUS chronic pain medical treatment guidelines, the role of the topical compounding medication in question would not be indicated. Current clinical records would not indicate the role of topical tramadol, Flurbiprofen, or cyclobenzaprine in the topical or compounding setting. The guidelines indicated if any one agent is not indicated, the agent as a whole would not be supported. The specific request in question would not be noted.

Lower extremity nerve conduction studies (NCS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines/ Treatment in Workers' Comp, Section Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: Based on California ACOEM guidelines, electrodiagnostic studies to the lower extremities would not be indicated. While the guidelines would support the role of lower extremity electrodiagnostic studies in the setting of neurologic findings and failed care, there is currently no documentation of physical examination findings supportive of a neurologic process to the lower extremities to support the acute need of electrodiagnostic testing in this chronic setting. The specific request would not be indicated