

<b>Case Number:</b>	CM13-0035033		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Physical Medicine & Rehabilitation 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 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 55-year-old male who reported an injury on 08/22/2012 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included physical therapy for the left lower extremity. The injured worker underwent an MRI in 12/2012 of the left knee that documented osteoarthritic changes in all 3 compartments. The injured worker underwent a lumbar MRI in 05/2013 that documented multilevel degenerative disc and facet joint disease. There was a diffuse disc bulge at the L5-S1 level causing bilateral L5 nerve root impingement. The injured worker was evaluated on 08/21/2013. It was documented that the agreed medical examiner recommended an epidural steroid injection and a left knee Synvisc injection. Physical exam findings of the lumbar spine included lower extremity pain, paresthesia, and numbness, with continuing complaints of pain over the right forefoot following a fibular fracture. It was also noted that the injured worker had limited range of motion of the lumbar spine with decreased sensation in the L5-S1 dermatomes. A request was made for epidural steroid injections and 3 Synvisc injections. The injured worker was evaluated on 09/18/2013. It was documented that the injured worker had discomfort with range of motion of the left knee against gravity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL INJECTION L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections,(Esis) Page(s): 46.

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

**Decision rationale:** The requested Lumbar Epidural Injection L5-S1 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have clinically evident radiculopathy that is corroborated by an imaging study and has been recalcitrant to physical therapy. The clinical documentation submitted for review does indicate that the injured worker has physical examination findings of radiculopathy that are supported by an imaging study. However there is no documentation that the injured worker has received any active conservative therapy to assist with symptom resolution. There was no documentation of physical therapy directed towards the injured worker's low back. Therefore, the appropriateness of a lumbar epidural steroid injection cannot be determined. As such, the requested Lumbar Epidural Injection L5-S1 is not medically necessary or appropriate.

**3 SYNYISC INJECTIONS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hyaluronic Acid injections.

**Decision rationale:** The requested 3 Synvisc Injections are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not recommend the use of Synvisc injections unless there is evidence of severe osteoarthritis that has not responded to other conservative measures. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone corticosteroid injections to assist with symptom relief. Additionally, the clinical examination findings do not support severe osteoarthritic pain that limits the injured worker's functional capabilities. Therefore, the need for Synvisc injections is not supported. As such, the requested 3 Synvisc Injections are not medically necessary or appropriate.