

Case Number:	CM13-0059483		
Date Assigned:	01/15/2014	Date of Injury:	01/03/1998
Decision Date:	04/22/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 52-year-old with a date of injury of 01/03/98. A progress report associated with the request for services, dated 10/31/13, identified subjective complaints of low back pain and pain in the left knee after a fall on 10/25/13. The objective findings included decreased sensation in both lower extremities and ataxia. There was tenderness to palpation of the lumbar spine and left knee. The diagnoses included lumbar disc herniation with radiculitis and arthritis of the left knee. The treatment has included facet blocks on 11/08/11 at four (4) levels. She also had arthroscopic surgery on the left knee in 1996. A Utilization Review determination was rendered on 11/13/13 recommending non-certification of "MRI scan left knee; facet block (3) or lumbar epidural block or both".

IMR ISSUES, DECISIONS AND RATIONALES

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

1. MRI SCAN OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 and 347.

Decision rationale: The MTUS/ACOEM Guidelines indicate that reliance on knee imaging to evaluate the source of knee symptoms may result in false positive test results. The guidelines also indicate that an MRI is recommended to diagnose and determine the extent of an ACL tear, and that an MRI is highly useful for the diagnosis of meniscus tears, ligament strains and tears, tendinitis, patella -femoral syndrome and prepatellar bursitis. In this case, the patient carries the diagnosis of osteoarthritis of the knee. There is no documentation of suspicion of a ligament tear. Therefore, in this case, there is no documentation in the record for the medical necessity of an MRI of the knee.

FACET BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301 and 309.

Decision rationale: The MTUS/ACOEM Guidelines indicate that facet-joint injections are not recommended. The guidelines also indicate that "Invasive techniques (e.g. local injections and facet joint injections of cortisone and lidocaine) are of questionable merit." There is no quality literature that indicates that radiofrequency neurotomy provides good temporary relief of pain. Likewise, the claimant has had a previous facet block. There is no documentation in the record providing support for the medical necessity of a facet block.

LUMBAR EPIDURAL BLOCK: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 300-301 and 309, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections

Decision rationale: The MTUS/ACOEM Guidelines indicate that "Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery." The Chronic Pain Guidelines indicate that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. The criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one (1) session. The Official Disability Guidelines (ODG) states that an epidural steroid injection "... offers no significant long-term benefit." There is no documentation in the record providing support for the medical necessity of an epidural block.