

Case Number:	CM13-0061664		
Date Assigned:	12/30/2013	Date of Injury:	06/05/2012
Decision Date:	04/25/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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 41-year-old claimant has a date of injury of June 5, 2012. This claimant has been treated for low back pain and left knee pain and is documented to be status post a previous left knee arthroscopic surgery. A left knee MRI obtained on March 29, 2013 was unrevealing. A lumbar spine MRI obtained on April 5, 2013 demonstrated only mild degenerative changes. At the November 7, 2013 office visit with [REDACTED], there were complaints of low back pain and left knee pain. Objective findings demonstrated tenderness overlying the L5-S1 facet joints, low back tightness, lumbar facet joint pain with axial loading and tenderness at the left knee medial joint line. There is documentation this claimant underwent a previous lumbar epidural steroid injection. Surgical consultation for the left knee and lumbar facet joint injection at L5-S1 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE SURGICAL CONSULT FOR THE LEFT KNEE WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 209. Decision based on Non-MTUS Citation Independent Medical

Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

Decision rationale: Surgical consult for the left knee with [REDACTED] would not be considered medically necessary or appropriate based on the records provided in this case and the ACOEM Guidelines. The ACOEM Guidelines recommend that referral for surgical consultation is indicated for patients who have clear clinical imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. In this case, there is no evidence of a surgical lesion. The request for one surgical consult for the left knee with [REDACTED] is not medically necessary or appropriate.

ONE BILATERAL LUMBAR FACET JOINT INJECTION AT L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 18th Edition; 2013 Updates; Low Back Chapter, Facet Joint Diagnostic Blocks Section.

Decision rationale: Bilateral lumbar facet joint injections at L5-S1 would not be considered medically necessary and appropriate based on the medical records in this case and the Official Disability Guidelines. CA MTUS or ACOEM Guidelines do not adequately address this issue. If one looks towards the Official Disability Guidelines, facet joint diagnostic blocks are indicated if patients have a clinical presentation consistent with facet joint pain signs and symptoms and there is no evidence of radiculopathy. In this case, this claimant has been treated with previous epidural steroid injections which have provided relief and has had multiple positive straight leg raise tests. This is concerning for a radicular component to this claimant's pain. The request for one bilateral lumbar facet joint injection at L5-S1 is not medically necessary or appropriate.