

Case Number:	CM13-0061934		
Date Assigned:	12/30/2013	Date of Injury:	09/22/2001
Decision Date:	07/03/2014	UR Denial Date:	11/20/2013
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 Anesthesiology, has a subspecialty in Pain Medicine 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 69 year old male whose date of injury is 09/22/2001. He collided with another employee and fell off of a train. Treatment to date includes physical therapy, cervical epidural steroid injections, cervical facet blocks, surgery, and medication management. Note dated 06/24/13 indicates that right knee pain is better following injection. He underwent right knee Synvisc injection on 08/30/13. Follow up note dated 10/14/13 indicates that he had good relief with the most recent Synvisc injection. Note dated 11/13/13 indicates that he complains of right knee pain. He has 5/5 strength in the bilateral lower extremities. Straight leg raising is negative bilaterally. There is normal sensation in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REPEAT CERVICAL EPIDURAL AND SYNVISIC INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections.

Decision rationale: Based on the clinical information provided, the request for repeat cervical epidural and Synvisc injection is not recommended as medically necessary. Chronic Pain Medical Treatment Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results prior to the performance of an epidural steroid injection. There is no current, detailed physical examination submitted for review and no imaging studies/electrodiagnostic results were provided. The Official Disability Guidelines (ODG) support Synvisc injections with evidence of significantly symptomatic osteoarthritis. There is no current, detailed physical examination submitted for review and no recent radiographic reports are submitted for review to establish the presence of significantly symptomatic osteoarthritis.