

<b>Case Number:</b>	CM13-0069074		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Texas and 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:

The patient was injured on 9/7/2011. The diagnoses listed are bilateral knee pain, neck pain, lumbar radiculopathy and bilateral carpal tunnel syndrome. The patient had completed physical therapy, acupuncture and bilateral knees injections with temporary improvement of the pain. A 10/19/2011 MRI of the right knee showed tricompartmental chondromalacia with chondral deficits. A 10/18/2011 MRI of the cervical spine showed C5-C6 disc bulge abutting the thecal sac but patent neural foramen. The 10/21/2011 MRI of the lumbar spine showed multilevel disc bulges with neural foramina stenosis, multilevel facet hypertrophy and ligamentum flavum hypertrophy. The EMG /NCS confirmed bilateral carpal tunnel syndrome as well as bilateral L5 radiculopathy. On 8/15/2013, the subjective complaints were neck pain radiating to the upper extremities, bilateral knees and bilateral shoulder pain, hand pain, low back pain and muscle spasm. The objective findings were positive trigger points over the neck and shoulder muscles, positive Spurling's test, decreased range of motion of the shoulders, lumbar spine and cervical spine. There was right knee swelling, effusion and crepitus. There was paraspinal muscle spasm along the lumbar spine, weakness of the toes and right lower extremity as well as positive straight leg raising test. The medications listed are tramadol, Norco and nebutone for pain and orphenadrine for muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A RIGHT KNEE SCOPE, DEBRIDEMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee And Leg Chapter.

**Decision rationale:** The CA MTUS did not address the treatment of chronic knee pain. The ODG guidelines listed indications for knee arthroscopic debridement surgery. The patient had subjective findings of pain, swelling and objective findings of effusion, crepitus and radiographic evidence of chondromalacia. This patient was diagnosed with chronic osteoarthritis involving all the extremity joints, including the shoulders, knees and hands. The ODG guidelines do not recommend scope with debridement to individual joints for the treatment of multifocal osteoarthritis because of limited beneficial effects from such localized procedures. Therefore, the request is not medically necessary.

#### **A CERVICAL EPIDURAL STEROID INJECTION (ESI) AT C5-6: Upheld**

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

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

**Decision rationale:** The CA MTUS addressed the use of epidural steroid injections for the treatment of cervical radiculopathy pain. The presence of radiculopathy must be confirmed by subjective and objective findings as well as confirmatory radiological test or EMG/NCS. The indications of an epidural steroid injection is to reduce pain and swelling, increase range of motion and delay or avoid surgery in patients who have failed conservative treatment such as physical therapy, exercise and medications. The cervical spine MRI did not show possible causes of radicular neck pain. There is no neural foraminal stenosis or nerve root impingement. There are no objective clinical findings to support radicular nature of the neck pain. The EMG/NCS showed localized Final Determination Letter for IMR Case Number CM13-0069074 4 carpal tunnel syndrome not cervical radiculopathy. Therefore, the requested cervical ESI is not medically necessary or appropriate.

#### **A LUMBAR ESI AT L3-5: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46.

**Decision rationale:** The CA MTUS addressed the use of epidural steroid injections for the treatment of lumbar radiculopathy. The presence of radiculopathy should be confirmed by subjective and objective findings as well as radiology or EMG/NCS confirmatory tests. The

indications for epidural steroid injections are to decrease pain and inflammation, increase range of motion and delay or avoid surgery in patients who have failed conservative treatment such as physical therapy, exercise and medications management. This patient has documented physical examination findings, MRI findings as well as confirmatory EMG/NCS report of lumbar radiculopathy. The patient has completed physical therapy, acupuncture and years of medication management without improvement to the low back pain. The criteria for L3 to L5 lumbar epidural steroid injections have been met. The request is, therefore, medically necessary.