MAXIMUS Federal Services

Case Number:	CM14-0019578		
Date Assigned:	06/11/2014	Date of Injury:	04/21/2011
Decision Date:	08/11/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/17/2014

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 Mississippi. 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 records, presented for review, indicate that this 54-year-old male was reportedly injured on April 21, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated January 16, 2014, indicated that there were ongoing complaints of right knee pain and low back pain. The physical examination demonstrated tenderness at the medial aspect of the left and right knees as well as tenderness to the lumbar spine. Diagnostic imaging studies reported minimal osteophytes involving the L3-L4 and L4-L5 levels. There was disc bulging at L3-L4, L4-L5, and L5-S1 without any apparent thecal sac or nerve root involvement. Previous treatment included a prior left knee total knee arthroplasty performed on September 10, 2013. There were also a psychiatric evaluation and an ergonomic evaluation. Treatment plan included an MRI of the right knee and ergonomic changes per the assessment. A lumbar epidural injection was also planned. A request was made for an MRI of the right knee and lumbar epidural steroid injections and was not certified in the pre-authorization process on January 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Scan of The Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: According to the attached medical record, there was no report of prior plain radiographs taken of the right knee. Considering that the injured employee has had a recent left knee totally arthroplasty, he may very well have advanced degenerative changes of the right knee as well. Radiographs should be taken of the right knee prior to requesting an MRI. This request for an MRI of the right knee is not medically necessary.

Lumbar Epidural Injection with Pain Management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for epidural steroid injections include the presence of a radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. According to the most recent progress note from pain management dated October 31, 2013, the neurological examination states that there was decreased touch in the left lower and right lower extremities. This does not reflect any accuracy regarding the presence or location of the injured employee's claimed radicular symptoms. Furthermore, the MRI the lumbar spine did not indicate any objective evidence of any potential neurological involvement. For these reasons, this request for a lumbar epidural steroid injection with pain management is not medically necessary.