

Case Number:	CM14-0019597		
Date Assigned:	04/23/2014	Date of Injury:	12/12/2008
Decision Date:	07/03/2014	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 Orthopaedic 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:

The record notes a 57-year-old male with a date of injury of December 12, 2008. The mechanism of injury is not disclosed. The clinical documentation includes an MRI dated December 3, 2012 demonstrating multilevel mild to moderate cervical spondylosis, most notably at C3-4 and from C5-6 to C7-T1. No spinal canal stenosis is noted. Multilevel neural foraminal stenosis is reported to be secondary to disc osteophyte complexes and uncinated/facet arthropathy. A right medial meniscus tear and tricompartmental synovitis plus primary and posttraumatic arthritis of the patellofemoral compartment and the medial compartment is noted. The claimant is status post partial medial meniscectomy plus the medial compartment patellofemoral compartment chondroplasty, as well as a tricompartmental synovectomy and microfracture of the medial compartment and removal of hardware from the right foot on May 17, 2013. A progress note dated January 28, 2014 indicates that the claimant continues to complain of moderate to severe neck pain with paresthesias in the left arm and mild and intermittent right knee pain at the medial aspect of the knee associated with mechanical symptoms. A mild and constant right foot pain on top of the foot is noted. An encounter note on January 15, 2014 indicates that epidural steroid injections were recommended and that the current use of orthotics provided benefit. A notation is made the claimant had completed the authorized physical therapy without relief of symptoms. Physical examination revealed decreased range of motion, no tenderness over the spinous processes or paraspinal muscles and no tenderness over the nerve roots bilaterally. Mild tenderness along the left trapezius muscle is reported and a Spurling's test was negative (had been positive in the past). Deep tendon reflexes were 1+ and symmetrical at the biceps, triceps, and Brachioradialis. Motor strength testing revealed grade 5/5 strength throughout with the exception of the first dorsal interosseous muscles where there was a grade 4/5. Right knee examination reveals a range of motion of 1 of hyperextension to 48 of flexion. Mild crepitus with

range of motion is noted. Mild to moderate joint line tenderness and a trace amount of laxity noted with testing of the medial collateral ligament in -30 extension (stable and full extension). Anterior drawer testing is "trace positive". Current medications include Voltaren and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL ESI C5-6 AND C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

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

Decision rationale: The MTUS allows for epidural steroid injections when radiculopathy is documented and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of physical exam findings to support a radiculopathy involving the level for which the proposed procedure has been recommended. Additionally, the record provides no corroborative imaging and/or electrodiagnostic studies to support the diagnosis. As such, this request is recommended as not medically necessary.