

Case Number:	CM14-0121283		
Date Assigned:	08/06/2014	Date of Injury:	07/08/2013
Decision Date:	09/11/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/31/2014

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 Internal 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:

Patient is an injured worker with a history of right knee injury with status of post arthroscopic surgery. The date of injury was 07-08-2013. Progress report dated 06-06-2014 documented that MRI of the right knee performed on May 15, 2014 revealed evidence of a small joint effusion, post-surgical changes of the patella and posterior horn of the right medial meniscus consistent with his previous meniscectomy with degeneration of the remnant of the meniscus. Treatment plan was consideration of visco-supplementation for the arthritic changes of the knee and patellofemoral joint as well as the loss of cartilage in the medial compartment. Primary treating physician's progress report dated 05-22-2014 documented an evaluation of the patient who presented with a knee injury, which occurred on 7/8/2013 while working. He was washing a hose, got tangled up and fell on his right side injuring his right knee. He has had arthroscopic surgery on 10/29/2013. The pain intensity is 8/10 primarily in his back and right shoulder and at 5/10 in his right knee. He continues to describe the pain as aching with intermittent sharp pain and no radiation of pain. He has completed physical therapy and he continues to perform his home exercises as directed. He is taking his medication as directed. The patient denies numbness and paralysis. He is on no activity at work. Physical examination demonstrated a patient that was well-developed, well-nourished, in no acute distress, using a crutch for ambulation. Neurologic examination demonstrated no focal findings. Lumbar examination demonstrated mild-moderate tenderness and spasm of the lumbar paraspinal musculature at the level of L5-S1 on the right. Range of motion is decreased. Flexion is 90 degrees and extension is 5 degrees, rotation and side bending are decreased. Straight leg rising is negative; there is no deformity, ecchymosis or erythema. Right shoulder demonstrated mild-moderate tenderness of the posterior aspect with mild swelling and decreased range of motion. Abduction was 120 degrees. Flexion was 130 degrees and extensions 25 degrees with decreased internal rotation and

external rotation. No deformity, ecchymosis or erythema. Right knee demonstrated mild-moderate tenderness in the medial region with mild swelling. Active range of motion is decreased. Flexion was 90 degrees with pain, and extension was 180 degrees with pain. There is no effusion. Ligament laxity is absent. Knee is stable without locking. There is no meniscal crepitus present. Deformity, erythema or ecchymosis was not observed. There is limping gait to the right. The patient can squat 25% of normal. His lower extremity is neurovascular intact. Neurologic examination demonstrated no focal findings. MRI of lumbar spine performed on 5/15/2014 revealed degenerative disease, a 1-2 mm broad-based posterior protrusion at the L4-5 level with associated annular fissuring that contacts the right L5 nerve root in the right lateral recess and a 3.3 mm central/right paracentral protrusion at the L5-S1 level with associated annular fissuring that contacts the right S1 nerve root in the right lateral recess. Diagnoses is as follows: right knee sprain, right knee pain, meniscal tear right knee, arthroscopic surgery on 10/29/2013, right shoulder strain, lumbar pain, lumbar degenerative disease. Treatment plan included medication, home exercises, ice, heat, referral to a spinal orthopedist for consultation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. Progress report dated 05-22-2014 documented that the neurologic examination demonstrated no focal findings. No cervical spine examination was documented. There was no documentation of red flags. There was no documentation of plain film radiography. Per MTUS guidelines, medical records do not support the medical necessity of cervical spine MRI. Therefore, the request for MRI of the cervical spine without contrast is Not medically necessary.

Lumbar ESI Right L4-S1 with Dr. [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 303-304, 308-310, Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false- positive test results). Primary treating physician's progress report dated 05-22-2014 documented that the patient's pain intensity is 8/10 primarily in his back and right shoulder and at 5/10 in his right knee. He continues to describe the pain as aching with intermittent sharp pain and no radiation of pain. Patient denies numbness and paralysis. The neurologic examination demonstrated no focal findings. Lumbar examination demonstrated mild-moderate tenderness and spasm of the lumbar paraspinal musculature at the level of L5-S1 on the right. Range of motion is decreased. Flexion is 90 degrees and extension is 5 degrees, rotation and side bending are decreased. Straight leg raising is negative. No deformity, ecchymosis or erythema. There was no radicular pain or physical examination findings of radiculopathy. Because no radicular pain or physical findings of radiculopathy were documented, the available medical records do not support the medical necessity of epidural steroid injection. Therefore, the request for Lumbar ESI Right L4-S1 with Dr. [REDACTED] is Not medically necessary.