

Case Number:	CM14-0153728		
Date Assigned:	09/23/2014	Date of Injury:	06/18/1997
Decision Date:	10/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/18/97. A utilization review determination dated 8/21/14 recommends non-certification of right knee injection, right SI joint injection lumbar ESI, lumbar spine MRI, right knee MRI, and flurbiprofen powder. 9/3/14 medical report identifies that the patient is 71 and symptoms have worsened with increased pain in the right knee and LS spine. Pain starts in the center of the low back and radiates to the right SI joint and medial aspect of right knee. On exam, there is tenderness. Pain is also noted about the anserine bursa and over the medial aspect of the right knee. Recommendations include drain/inject major joint or bursa, injection SI joint, inject spine, and MRI of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drain/inject major joint or bursa, routing inject right knee and pes bursa right knee:
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) Knee Chapter, Corticosteroid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339.

Decision rationale: Regarding the request for drain/inject major joint or bursa, routing inject right knee and pes bursa right knee, CA MTUS and ACOEM state that Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection. Within the documentation available for review, there is documentation of pain and tenderness, but there is no clear rationale for the proposed procedure or any indication that other likely sources of pain such as osteoarthritis have been ruled out in this 71-year-old patient. In light of the above issues, the currently requested drain/inject major joint or bursa, routing inject right knee and pes bursa right knee is not medically necessary.

Inject sacroiliac joint right side: 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), Hip-sacroiliac block

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks

Decision rationale: Regarding the request for sacroiliac joint injection, CA MTUS does not address the issue. ODG recommends sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy, noting that history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction. In light of the above issues, the currently requested sacroiliac joint injection is not medically necessary.

Lumbar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

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

Decision rationale: Regarding the request for lumbar epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested lumbar epidural injection is not medically necessary.

Lumbar spine - MRI without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Regarding the request for lumbar MRI, CA MTUS and ACOEM state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. In the absence of such documentation, the currently requested lumbar MRI is not medically necessary.

Lower extremity/right knee MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: Regarding the request for MRI right knee, CA MTUS and ACOEM state that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. In absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the medical information made available for review, there is only pain and tenderness noted, but no documentation of any red flags, findings suggestive of internal derangement, or another clear rationale for MRI. In the absence of such documentation, the currently requested MRI is not medically necessary.

Flurbiprofen powder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Flurbiprofen powder, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Flurbiprofen powder is not medically necessary.