

Case Number:	CM14-0155309		
Date Assigned:	09/25/2014	Date of Injury:	08/07/2013
Decision Date:	11/21/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 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:

The injured worker is a 49 year old female with a date of injury on 8/07/2013. Per 12/9/2013 records, she underwent a functional capacity assessment. Records dated 3/24/2014, and 4/7/2014 indicate that she extracorporeal shockwave therapy sessions. Records dated 6/16/2014 indicate she underwent electrodiagnostic studies and results indicated within normal limits. A magnetic resonance imaging (MRI) of the right knee report dated 6/26/2014 demonstrated the following results: (a) medial meniscus: linear increased signal in the posterior horn of the meniscus which likely reflects internal degeneration, however a tear is not excluded; (b) lateral meniscus: linear increased signal in the anterior and posterior horn of the meniscus which likely reflects internal degeneration however a tear is not excluded; (c) lateral collateral ligament complex: sprain versus partial tear; and (d) thinned cartilage of the patella and femoral trochlea which causes narrowing of the joint space. A magnetic resonance imaging (MRI) of the lumbar spine (unknown date) showed minimal disc bulges at multiple level. At L5-S1, there was a 3.3-mm broad-based disc herniation indenting the thecal sac with no significant spinal canal and neuroforaminal stenosis. There was a similar 2.2-mm disc bulge at L3-L4. There was no significant herniation at L4-L5. At L3-L4, there was no significant spinal and neural foraminal stenosis nor with any at L2-L3. Records dated 8/12/2014 documents that the injured worker complained of intermittent moderate, sharp, stabbing low back pain radiating to both legs with numbness and tingling sensation, associated with bending, twisting, and squatting. A lumbar spine examination noted limited range of motion. Tenderness was noted over the lumbar paravertebral muscles. Most recent records dated 8/14/2014 notes that the injured worker complained of low back pain secondary to a fall. She was diagnosed with (a) lumbar radiculopathy, (b) degenerative disc disease, and (c) right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Injection under Fluoroscopy - Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to evidence-based guidelines included in the criteria for authorization of epidural steroid injections involves documentation of radiculopathy through physical examination and corroborated by imaging studies and/or electrodiagnostic imaging and there should be initially unresponsiveness to conservative treatments including exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. In this case, the criteria are not met. Review of records indicate that there is no evidence of radiculopathy based on the provided objective findings and there is no evidence of significant pathology based on the magnetic resonance imaging (MRI) scan of the lumbar spine and electrodiagnostic tests provided normal results. Also, there is evidence that low back pain was relieved with acupuncture, physical examination as well as medications. Therefore, the medical necessity of the requested caudal epidural injection under fluoroscopy - lumbar is not established.

Right Knee Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: Corticosteroid injections; Glucosamine/ Chondroitin (for knee arthritis); Hyaluronic acid injections; Platelet-rich plasma (PRP); Prolotherapy; Stem cell autologous transplantation and Official Disability Guidelines (ODG) Knee, Injections

Decision rationale: Based on the records provided it is unclear as to what type of injection is being requested. Guidelines indicate that knee injections may range from corticosteroids to hyaluronic acid. Record do not provide any subjective information regarding her right knee although records do indicate the following findings of positive McMurray's and magnetic resonance imaging (MRI) of the right knee report dated 6/26/2014 demonstrated the following results: (a) medial meniscus: linear increased signal in the posterior horn of the meniscus which likely reflects internal degeneration, however a tear is not excluded; (b) lateral meniscus: linear increased signal in the anterior and posterior horn of the meniscus which likely reflects internal degeneration however a tear is not excluded; (c) lateral collateral ligament complex: sprain versus partial tear; and (d) thinned cartilage of the patella and femoral trochlea which causes narrowing of the joint space. In spite of the above presented objective findings, the injured

worker does not meet the criteria for corticosteroid injections, glucosamine/chondroitin, hyaluronic, prolotherapy, or stem cell autologous. Without specifying what type of injection is being requested and the lack further information that is needed to properly determine her need, the medical necessity of the requested right knee injection is not established.