

<b>Case Number:</b>	CM14-0183990		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Neurology, has a subspecialty in pain Medicine and is licensed to practice in Florida. 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:

10/29/14 note reports pain in the left leg with swelling. The insured is status post knee surgery. Examination notes normal neurologic examination. 10/15/14 report indicates severe bilateral knee pain for several years. 9/24/14 note reports pain in the knees. There is reported pain in the lumbar spine. The insured had ESI previous in the back on 9/12/13 with reported improvement in back pain that gave "four months of benefit with improved mobility and activity tolerance." Examination notes pain in lumbar range of motion, with bilateral positive SLR. Sensation is decreased along the posterior lateral thigh and lateral calf on right. There is pain to palpation of the knees along medial and lateral joint lines. MRI of knee 4/23/12 reports severe osteoarthritis of the left knee with degenerative changes in right knee. 4/23/12 MRI of lumbar spine notes facet arthropathy with annular protrusion at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of 3 Synvisc injections to the 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), Treatment Index, 11th Edition (web), 2014, Knee and Leg, Hyaluronic Acid Injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -knee, synvisc

**Decision rationale:** The medical records report pain in the knee with documented findings of osteoarthritis but does not demonstrate a history of failure of intrarticular steroid injections. ODG guidelines support synvisc for patients with osteoarthritis of the knees with demonstrated failure of conservative care including intraarticular steroids. As such the medical records provided for review do not support synvisc injection congruent with ODG guidelines. Therefore the request is not medically necessary.

**Therapeutic fluoroscopically guided transforaminal epidural steroid injection at bilateral L2-L3:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, ESI

**Decision rationale:** ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. The medical records indicate no physical findings consistent with radiculopathy. The sensory changes noted are in a dermatomal pattern but there is no corroboration by neuro imaging with a radiculopathy demonstrated by examination. There is a prior history of ESI being performed but no quantitative assessment as to degree of pain and duration of benefit. As such the medical records do not support the use of ESI congruent with ODG guidelines. Therefore the request is not medically necessary.