

<b>Case Number:</b>	CM14-0025774		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	11/29/2007
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 40-year-old gentleman who was reportedly injured on November 29, 2007. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated June 2, 2014, indicates there are ongoing complaints of low back pain, right knee pain, and right hip pain. The physical examination demonstrated decreased lumbar spine range of motion and tenderness with trigger points identified. There was a positive left side straight leg raise at 60. There was tenderness over the greater trochanter of both hips. Examination of the right knee noted tenderness at the medial joint line and range of motion from 0 to 90. There was decreased sensation over the lateral left thigh and calf. Diagnostic imaging studies objectified and L2/L3 right-sided disc herniation and spinal stenosis at L2/L3, L4/L5, and L5/S1. Previous treatment includes a lumbar laminectomy at L3/L4 and L4/L5, physical therapy, acupuncture, and chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION WITH FLUOROSCOPIC GUIDANCE L4, L5 AND S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid Injections.

**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 - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, therapeutic, Updated July 3, 2014.

**Decision rationale:** According to the medical records provided the injured employee previously received epidural steroid injections on October 29, 2013. It was stated that these injections only provided 30% pain relief. According to the Official Disability Guidelines, after the initial block/blocks are given and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. As the injured employee did not sustain significant pain relief from the previous epidural steroid injections, continuing these injections in a therapeutic phase is not medically necessary.

**FREESTYLE KNEE BRACE FOR RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee brace, Updated June 5, 2014.

**Decision rationale:** According to the Official Disability Guidelines the use of a knee brace is only recommended for conditions of the instability, ligament reconstruction, particular defect, avascular necrosis, meniscal cartilage repair, failed total knee arthroplasty, painful high tibial osteotomy, painful uni-compartmental osteoarthritis, or tibial plateau fracture. The attached medical record does not state that the injured employee has any of these conditions. The most recent medical records simply contains a diagnosis of knee osteoarthritis. This request for a Freestyle knee brace is not medically necessary.