

Case Number:	CM14-0031965		
Date Assigned:	06/20/2014	Date of Injury:	10/06/2012
Decision Date:	07/30/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Surgery 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 32-year-old female general car wash worker sustained an industrial injury on 10/6/12, when her left ankle slipped in soap and water, causing her right knee to twist, and she fell onto the concrete ground. Injuries were reported to the neck, left shoulder and arm, low back, right knee and left leg. The 11/19/12 right knee mri impression documented a iia abnormality of the posterior horn of the medial meniscus representing a tear, medial joint space narrowing was present, and grade 1 signal was seen in the lateral meniscus. The 6/21/13 lumbar spine mri impression documented anterior disc protrusions at l2/3 and l3/4. At l4/5 there was a far left posterolateral disc protrusion with possible compromise of the exiting left nerve root. There was no compromise on the traversing nerve roots nor of the exiting right nerve root. The facet joints were satisfactory. The 1/25/14 pqme report cited moderate right knee and low back pain, requiring the use of a cane to walk. Lumbar exam findings documented normal motor testing, normal sensory examination, normal deep tendon reflexes, moderate loss of range of motion, moderate limp, no standing percussion pain, no thoracolumbar muscle spasms, and positive sitting straight leg raise on the right at 80 degrees. Right knee range of motion was -20 to 90 degrees with moderate pain. The pqme recommended right knee arthroscopic surgery, lumbar epidural blocks, and upper/lower extremity emg/ncv. The 2/11/14 treating physician report cited complaints of neck, mid-back, low back, left arm, left shoulder, left leg, and right knee pain. Thoracolumbar exam findings documented lumbar paraspinal and l4-s1 spinous process tenderness, moderate loss of range of motion, positive lasegue's on the right, and antalgic gait. Right knee range of motion was -10 to 95 degrees with swelling and tenderness over the infrapatellar tendon, medial/lateral joint line, and medial and lateral hamstring. The relevant diagnoses included lumbar sprain/strain, lumbar facet arthrosis, and medial meniscus tear. The treatment plan recommended arthroscopic evaluation of the right knee with partial medial

meniscectomy, bilateral medial branch blocks at L4/5, and lumbar epidural steroid injection at L4/5 on the right. The 2/21/14 utilization review denied the requests for right knee arthroscopic surgery, right L4/5 lumbar epidural steroid injection, and bilateral L4/5 medial branch block. The knee surgery was noted to have been approved on 8/19/13 with no indication of whether this was done. There was no documentation of prior conservative treatment failure relative to the lumbar spine, and no clear indication of right L4/5 involvement or facet mediated pain. Records indicate that conservative treatment has included bracing, activity modification, medications, and physical therapy. Mechanical symptoms of right knee giving way are noted in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block L4-5 Quantity One: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment For Workers' Compensation Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 187-190.

Decision rationale: Under consideration is a request for bilateral medial branch block at L4/5. The California ACOEM Revised Low Back guidelines state that therapeutic facet joint injections are not recommended for acute, subacute, chronic lower back pain or for any radicular pain syndrome. One diagnostic facet joint injection may be recommended for patients with chronic lower back pain that is significantly exacerbated by extension and rotation, or associated with lumbar rigidity, and not alleviated with other conservative treatments, in order to determine whether specific interventions targeting the facet joint are recommended. Clinical presentation should be consistent with facet joint pain, signs and symptoms. Guideline criteria have not been met. There is no current physical exam or imaging evidence of facet mediated pain. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment for the lumbar spine had been tried and failed. Therefore, this request for bilateral medial branch block at L4/5 is not medically necessary.

Right Knee Arthroscopic Examination With Partial Medial Meniscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment For Workers' Compensation Knee And Leg Procedure Summary; Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG, MENISCECTOMY.

Decision rationale: Under consideration is a request for right knee arthroscopic exam with partial medial meniscectomy. The California MTUS do not provide recommendations for surgery in chronic knee conditions. The official disability guidelines recommend meniscectomy for symptomatic tears for younger patients and for traumatic tears. Surgical indications include completion of supervised physical therapy and home exercise and medications or activity modification. Subjective and objective clinical exam findings that correspond to meniscal tear on imaging are required. Guideline criteria have been met. This patient has joint pain and feeling of giving way, limited range of motion and joint line tenderness, and imaging findings of a medial meniscus tear. Reasonable conservative treatment has been tried and has failed. Therefore, this request for right knee arthroscopic exam with partial medial meniscectomy is medically necessary.

Lumbar Epidural Steroid Injection At Right L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment For Workers' Compensation Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) PAGE(S).

Decision rationale: Under consideration is a request for lumbar epidural steroid injection at right L4/5. The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Guideline criteria have not been met. There is no clear documentation of radiculopathy by physical exam or corroborated by imaging studies. Imaging evidence suggests a possible compromise of the exiting nerve root on the left at L4/5. There is a normal lower extremity neurologic exam documented. There is no lower extremity radicular pain pattern documented. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment for the lumbar spine had been tried and failed. Therefore, this request for lumbar epidural steroid injection at right L4/5 is not medically necessary.