

<b>Case Number:</b>	CM14-0040830		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/02/2002
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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, 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 71-year-old female who reported an injury on 08/02/2002, due to unknown mechanism. The injured worker's diagnosis was lumbosacral sprain/strain with no evidence of radiculopathy; total knee arthroplasty on the left knee; degenerative arthritis of the right knee; clinical suggestion of bilateral carpal tunnel syndrome; and status post gastric stapling with over 100 pound weight loss. The injured worker' past diagnostics were an x-ray of bilateral knees, dated 05/15/2008 which was grossly unremarkable and stable left total knee arthroplasty. The injured worker also had an x-ray of the lumbar spine that was dated on 01/25/2010 that showed probably much better than the right patellofemoral compartment as on the comparison. At L4-5, there is a grade I spondylolisthesis; moderate central and left foraminal stenosis; and a left renal abnormality, most likely a cyst. There was an MRI of the lumbar that was dated 04/23/2013, revealed degenerative disease at multiple levels worst at L4-5. There was a Grade 1 spondylolisthesis moderate central canal and left foraminal stenosis. The injured worker past treatments were an injection into her right knee of Depo-Medrol on 10/26/2013. The injured worker also had a lumbar epidural steroid injection at L4-5 under fluoroscopic guidance. The injured worker indicated that she had pain in her left knee at a 3 to 4/10, which would increase to 8/10 with weight bearing or walking too far. Flexion is at 60 degrees, extension is at 10 degrees, right lateral flexion at 15 degrees, left lateral flexion at 15 degrees. The injured worker's medication included Ambien 12.5 mg, hydrocodone 7.5/325, Vytolin 10/20, Soma 350, meloxicam 7.5. The treatment plan from the provider was for a future study of a nerve conduction study to determine if there has been a return of clinically significant carpal tunnel syndrome. Also, a request was submitted for a lumbar epidural steroid injection, radiofrequency ablation, injection for Depo-Medrol, and injection for Kenalog. The rationale for

the request was not submitted with documentation. The Request for Authorization form was provided with documentation submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar epidural steroid injection at L4-L5 under fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation ODG, Low back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**Decision rationale:** The injured worker is a 71-year-old female who reported an injury on 08/02/2002, due to unknown mechanism. The injured worker's diagnosis was lumbosacral sprain/strain with no evidence of radiculopathy; total knee arthroplasty on the left knee; degenerative arthritis of the right knee; clinical suggestion of bilateral carpal tunnel syndrome; and status post gastric stapling with over 100 pound weight loss. The injured worker' past diagnostics were an x-ray of bilateral knees, dated 05/15/2008 which was grossly unremarkable and stable left total knee arthroplasty. The injured worker also had an x-ray of the lumbar spine that was dated on 01/25/2010 that showed probably much better than the right patellofemoral compartment as on the comparison. At L4-5, there is a grade I spondylolisthesis; moderate central and left foraminal stenosis; and a left renal abnormality, most likely a cyst. There was an MRI of the lumbar that was dated 04/23/2013, revealed degenerative disease at multiple levels worst at L4-5. There was a Grade 1 spondylolisthesis moderate central canal and left foraminal stenosis. The injured worker past treatments were an injection into her right knee of Depo-Medrol on 10/26/2013. The injured worker also had a lumbar epidural steroid injection at L4-5 under fluoroscopic guidance. The injured worker indicated that she had pain in her left knee at a 3 to 4/10, which would increase to 8/10 with weight bearing or walking too far. Flexion is at 60 degrees, extension is at 10 degrees, right lateral flexion at 15 degrees, left lateral flexion at 15 degrees. The injured worker's medication included Ambien 12.5 mg, hydrocodone 7.5/325, Vytarin 10/20, Soma 350, meloxicam 7.5. The treatment plan from the provider was for a future study of a nerve conduction study to determine if there has been a return of clinically significant carpal tunnel syndrome. Also, a request was submitted for a lumbar epidural steroid injection, radiofrequency ablation, injection for Depo-Medrol, and injection for Kenalog. The rationale for the request was not submitted with documentation. The Request for Authorization form was provided with documentation submitted for review.

#### **Radiofrequency ablation at L4-L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The request for radiofrequency ablation at L4-5 is non-certified. According to California MTUS/ACOEM Guidelines state there are mixed results reported for lumbar facet neurotomies. Facet neurotomies should be performed only after an appropriate investigation involving controlled differential dorsal rami medial branch diagnostic blocks. According to the Official Disability Guidelines, there is conflicting evidence that is available as to the efficacy of this procedure, and approval of treatment should be made on a case-by-case basis. Some random trials suggest pain benefits without functional gains, potential benefits if used to reduce narcotics. Other studies have not demonstrated improved function. There was no subjective, objective, or a diagnosis of facet pain provided on the most recent clinical visit. There was no indication in clinical documentation that would support radiofrequency ablation as there was a lack of medial branch blocks having been performed prior to support guideline criteria. As such, the request for radiofrequency ablation at L4-5 is non-certified.

**Retro - injection of 40 mg Depomedrol:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, corticosteroid injection.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, CORTICOSTEROIDS.

**Decision rationale:** The request for retrospective injection of 40 mg of Depo-Medrol is non-certified. According to California MTUS/ACOEM, invasive techniques such as needle aspirations or effusions or patellar prepatellar bursal fluids and cortisone injections are not routinely indicated. The Official Disability Guidelines states that corticosteroid injections are recommended for short-term use only, and that it has clinically and statistically significant reduction in osteoarthritis knee pain. The guidelines support short-term improvement in symptoms of osteoarthritis of the knee after a corticosteroid injection. In addition, the injured worker reported when he is weight bearing the pain to his knee increases. The injured worker has a diagnosis of right knee arthritis. However, the proposed request lacked documentation of the area of the body for the proposed medication. As such, the request for retrospective injection of 40 mg of Depo-Medrol is non-certified.

**Retro - injection of 10 mg Kenalog:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, CORTICOSTEROID INJECTIONS.

**Decision rationale:** The request for retrospective injection of 10 mg of Kenalog is non-certified. According to California MTUS/ACOEM, invasive techniques such as needle aspirations or

effusions or patellar prepatellar bursal fluids and cortisone injections are not routinely indicated. Needle aspirations carry inherent risk of subsequent intra-articular infection. The Official Disability Guidelines states that corticosteroid injections are recommended for short-term use only, and that it has clinically and statistically significant reduction in osteoarthritis knee pain. The guidelines support short-term improvement in symptoms of osteoarthritis of the knee after a corticosteroid injection. The injured worker has a diagnosis of right knee arthritis. In addition, the injured worker reported when he is weight bearing the pain to his knee increases. However, request as submitted lacked documentation of the area of the body for the proposed medication. As such, the request for retrospective injection of Kenalog 10 mg is non-certified.