

Case Number:	CM14-0041941		
Date Assigned:	06/30/2014	Date of Injury:	10/13/2012
Decision Date:	08/12/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	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 Occupational Medicine 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 claimant was injured on 10/13/12. Acupuncture and a lumbar ESI are under review. She was diagnosed with a left knee strain. She saw [REDACTED] on 02/13/14 and had positive Apley's test and mild weakness. She was diagnosed with a left knee chondral lesion with a tear, left knee sprain and a near full thickness focal cartilage defect in the medial femoral condyle with moderate to severe patellar chondral degeneration and full-thickness cartilage loss. [REDACTED] recommended continued medications. EMG testing was recommended to rule out lumbar radiculopathy and acupuncture was requested but the ESI and acupuncture were not certified. She saw [REDACTED] on 03/27/14. She was using ketoprofen cream with gabapentin. The acupuncture and ESI were appealed. She remained on the same medications for a number of months. She continued to have significant symptoms involving her knee. Meloxicam gave her mild relief. On 10/01/14, she saw [REDACTED] and a new MRI was recommended. Microfracture meniscus surgery versus arthroplasty were under consideration. On 12/12/13, she saw [REDACTED] and was still on multiple medications. She reported low back pain. Her knee was examined but not her back. On 12/15/13, she had a panel QME with [REDACTED]. [REDACTED] stated she had a compensatory injury to the low back with MRI evidence at L5-S1 of a 2-3 mm annular bulge and encroachment on the neural foramina and electrodiagnostic studies confirming left L5 and left S1 radiculopathies. There was an MRI dated 11/29/12. She had not reached maximum medical improvement. She reported significant low back pain radiating down the right lower extremity with numbness and tingling on 11/29/12. A trial of epidural steroid injections was recommended in conjunction with physical therapy program. After an epidural steroid injection and therapy to the lumbar spine she would likely reach MMI. EMG was done on 12/10/13 and it showed radiculopathies. An MRI on 12/04/13 revealed was disc degeneration at L5-S1 with an annular disc bulge but no impingement on the exiting nerve roots was noted.

There was no central canal stenosis either. Of note [REDACTED] did not complete a physical examination. There have been no physical examinations that have clearly demonstrated radiculopathy. On 03/06/14, the lumbar ESI and acupuncture again were ordered. The claimant reportedly had acupuncture approved in the past for this injury but her response is unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 8.

Decision rationale: The history and documentation do not objectively support the request for additional acupuncture for this injury. The MTUS Acupuncture Guidelines state) Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery.... (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in MTUS definitions. In this case, the claimant reportedly attended acupuncture for this injury but her response to it is unknown and she has ongoing pain for which she takes medications. There is no evidence of intolerance to medications. It is not clear whether she has been involved in an ongoing exercise program to maintain any benefit of treatment such as acupuncture. The medical necessity of an additional course of acupuncture has not been clearly demonstrated.

Lumbar Epidural Injection under Fluoroscopic Guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for an ESI at an unknown level at this time. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy).... Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)...."There is no clear objective evidence of radiculopathy at any level and the level to be injected is not identified. No EMG

was submitted. There is no indication that the claimant has failed all other reasonable conservative care, including PT, or that this ESI is based on an attempt to avoid surgery. The MRI report does not demonstrate the presence of nerve root compression at any level as is required by the MTUS. There is no indication that the claimant has been instructed in home exercises and has been advised to continue to do exercises in conjunction with injection therapy. The medical necessity of this request has not been clearly demonstrated.