

Case Number:	CM14-0069496		
Date Assigned:	07/14/2014	Date of Injury:	12/04/1992
Decision Date:	10/01/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/14/2014

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 60-year-old female who reported an injury on 12/04/1992 due to an unknown mechanism. Diagnoses were chronic low back pain, complex regional pain syndrome of the left lower extremity, chronic pain syndrome, chronic bilateral knee pain (status post 5 surgeries), degenerative joint disease of the knee, lumbar radiculopathy, depression, and spinal cord stimulator implant. Past treatments were medications, lumbar epidural steroid injections, physical therapy, and spinal cord stimulator implant. Diagnostic studies were not reported. Surgical history was 5 surgeries on the bilateral knees. The physical examination on 05/29/2014 revealed bilateral knee pain and low back pain. The injured worker reported that she felt the symptoms were worsening overall. The injured worker reported that the current regimen allowed her to tolerate her pain and to retain basic fun mobility. It was also reported that the current medications provided pain relief. The injured worker complained of low back pain. She also complained of bilateral knees pain that was constant with weakness and instability. The pain level was rated without medication at 9/10 and with medication at 6/10. The examination of the lumbar spine revealed 5-/5 strength for both lower extremities secondary to pain; sensation was intact and equal. There was no clonus or increased tone. Babinski's sign was negative. Sciatic notches were painful to palpation bilaterally. The sacroiliac joints were tender bilaterally. Patrick's sign and Gaenslen's maneuver were positive on the left. There was tenderness over the paraspinals with myofascial restrictions and related muscle spasms. The straight leg raise was positive on the left. Upon examination of the knees, there was mild joint effusion in both knees without swelling and crepitus with passive and active flexion and extension. There was tenderness to palpation on both knees along the joint lines and prepatellar region. Medications were Kadian, Restoril, Percocet, and Lyrica. The treatment plan was to continue medications as

directed. The injured worker was encouraged to continue with her home exercise program and use moist heat and ice for enhanced pain relief. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steroid Injection (ESI) to bilateral lumbar 5 & bilateral sacral 1, under fluoroscopic guidance & conscious sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines recommend epidural steroid injections when radiculopathy has been documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the pain must be initially unresponsive to conservative treatment (including exercise, physical therapy, NSAIDs, and muscle relaxants). No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 intralaminar level should be injected at 1 session. The medical guidelines for repeat epidural steroid injections state that there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Imaging studies and/or electrodiagnostic testing were not submitted for review. Reports from previous epidural steroid injections were not submitted. Physical therapy reports were not submitted. Therefore, the request is not medically necessary.

Bilateral knee computed tomography (CT) scan: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: ACOEM Guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology in its most recent appropriateness criteria lists the following clinical parameters as predicting absence of significant fracture and may be used to support the decision to obtain a radiograph following knee trauma or a patient is able to walk without a limp, patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk (4 steps) or bear weight immediately or within a week of the trauma, and the inability to flex knee to 90 degrees. Most knee problems improve quickly once any red flag are ruled out. For patients with significant

hemiarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The injured worker had no red flags upon physical examination. Also, previous imaging studies were not reported or submitted with the date. Therefore, this request is not medically necessary.

Restoril 15mg, #60, with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Therefore, continued use would not be supported. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Lyrica 75mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16, 17.

Decision rationale: Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Percocet 10/325mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Ongoing Management Page(s): 75, 86, 78.

Decision rationale: Guidelines recommend Percocet for moderate to severe chronic pain and that there should be documentation of the 4 As for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior). They further recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is not medically necessary.