

Case Number:	CM14-0197592		
Date Assigned:	12/05/2014	Date of Injury:	01/15/2013
Decision Date:	01/26/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/25/2014

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, has a subspecialty in Interventional spine 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 patient is a 61 year old female with an injury date of 1/15/13. No progress report was submitted with the treatment request. Work status as of 8/12/14: patient is not working; no modified work is available. Based on the 8/12/14 progress report, this patient complains of 6/10 pain when "navigating stairs" and when she "sits for too long" (pain shoots from back of her knee to the front). Exam of this patient shows left antalgic pattern with shortened stance phase with slight decreased left knee flexion and extension during the gait cycle. There is nonspecific tenderness to palpation around the left suprapatellar and popliteal areas on the left side with slight (1+) patellofemoral crepitus. Diagnoses: 1. Status post left knee arthroscopic partial lateral meniscectomy, medial femoral condyle microfracture chondroplasty, remove of loose bodies. 2. Post-operative left knee joint effusion. 3. Right knee patellofemoral pain, extensor tendinitis. The utilization review being challenged is dated 11/19/14. The request is for bilateral SI joint injections and bilateral paracervical injections x 4 with 5cc 1% lidocaine. The requesting provider has provided three reports dated: 5/27/14, 7/7/14, and 8/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for the use of sacroiliac blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute and Chronic) Chapter (online), Sacroiliac joint blocks

Decision rationale: This patient presents with pain from the back of the knee to the front when navigating stairs or sitting for too long. The treater requests BILATERAL SI JOINT INJECTIONS. No progress report was submitted with the request. ODG guidelines recommend sacroiliac joint blocks as an option if failed at least 4-6 weeks of aggressive conservative therapy (at least six weeks of comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture suggestive of sacroiliac injury and/or disease with documentation of at least 3 positive exam findings specific for motion palpation and pain provocation for SI joint dysfunction. Per the 8/12/14 report, patient reports pain when navigating stairs or sitting for too long. Objective exam findings were unremarkable: slight decreased left knee flexion and extension during gait cycle, no evidence of knee joint effusion or swelling, nonspecific tenderness to palpation around the left suprapatellar and popliteal area, and with slight 1+ crepitus). Current medication(s) is a sleeping pill 3-4x/week as needed. Given the absence of documentation of at least 3 positive exam findings along with a failed 4-6 weeks of aggressive conservative therapy establishing a clinical picture suggestive of a sacroiliac injury and/or disease, SI joint injections cannot be warranted as a medical necessity. Furthermore, the 8/12/14 report documents the "patient would rather have more therapy than an injection or medication." The request IS NOT medically necessary.

4 bilateral paracervical injections with 5cc 1% lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: This patient presents with pain from the back of the knee to the front when navigating stairs or sitting for too long. The treater requests BILATERAL PARACERVICAL INJECTIONS X 4 WITH 5CC 1% LIDOCAINE. No progress report was submitted with the request. According to MTUS guidelines, trigger point injections are only recommended for myofascial pain and not recommended for radicular pain, typical back pain or neck pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscles. Per the 8/12/14 report, patient reports pain when navigating stairs or sitting for too long. Objective exam findings were unremarkable: slight decreased left knee flexion and extension during gait cycle, no evidence of knee joint effusion or swelling, nonspecific tenderness to palpation around the left suprapatellar and popliteal area, and with slight 1+ crepitus). Current medication(s) is a sleeping pill 3-4x/week as needed. Given the absence of documentation to meet the all eight criteria as required by MTUS guidelines (documentation of trigger points with evidence, failure

of management therapies, and absence of radiculopathy confirmed by exam/imaging/or neuro-testing), the use of paracervical injections does not warrant a medical necessity. Furthermore, the patient's preference is to seek additional therapy as opposed to receiving an injection, according to a review of the most recent progress report (8/12/14) submitted. The request IS NOT medically necessary.