

Case Number:	CM14-0198553		
Date Assigned:	12/08/2014	Date of Injury:	10/12/2011
Decision Date:	01/26/2015	UR Denial Date:	11/21/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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 patient is a 58-year-old male presenting with a work-related injury on October 12, 2011. The patient complained of sudden and abrupt constant pain that averages a 6/10. The pain is described as constant, dull, aching, with occasional sharp pain and numbness in the leg. The pain is associated with tingling and weakness in the shoulder and leg. The patient has tried heat and ice treatment as well as physical therapy which provided mixed results. MRI of the lumbar spine was significant for moderate multilevel spondylosis and marked facet disease; associated with marked left lateral recess compromise and severe left foraminal stenosis; due to facet arthrosis there is severe neural foraminal narrowing at L5/S1 on the left and moderate on the right in his left leg pain distribution. The patient's medications included naproxen b.i.d., tramadol 50 mg b.i.d. and Flexeril 10 mg cutie as well as hydrocodone, baclofen and ibuprofen. The physical exam was significant for slight left sided gait disturbance that seems slightly exaggerated after being seated in the examination room for 45 minutes, negative straight leg raise, normal motor sensory and deep tendon reflexes, type cross leg findings, mild discomfort over the lumbosacral junction and the upper margin of the sacroiliac joint on the left, painful but full range of motion of his right shoulder and left wrist, and he is neurologically intact with normal deep tendon reflexes as well as being able to support himself on his heels and toes. The patient was diagnosed with multilevel degenerative processes as well as gait disturbance in a numbness pattern in L5 for S1 distribution with rather severe findings in the MRI scan. There was a request for ultrasound guidance for needle placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guidance for needle placement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Extremity and Knee Complaints, Treatment Consideration: Hyaluronidase Injections.

Decision rationale: Ultrasound Guidance for needle placement is not medically necessary. According to the medical records the request was made for guidance of Hyaluronidase in to the knee. The ODG states "Hyaluronic acid injections are recommended as an option for osteoarthritis. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Criteria for Hyaluronic acid or Hylan are a series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. Indicated for patients who 1) experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (gastrointestinal problems related to anti-inflammatory medications) 2) Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement. 3) Younger patients wanting to delay total knee replacement 4) Repeat series of injections: if relief for 6-9 month and symptoms recur, may be reasonable to do another series. Recommend no more than 3 series of injections over a 5-year period, because effectiveness may decline, this is not a cure for arthritis, but only provides comfort and functional improvement to temporarily avoid knee replacement." The medical records do not document that the enrollee has not adequately responded or has a contraindication to standard pharmacological treatments including anti-inflammatories. Additionally, ultrasound guidance of Hylan is not recommended or required; therefore the request is not medically necessary.