

Case Number:	CM14-0205678		
Date Assigned:	12/17/2014	Date of Injury:	09/19/1995
Decision Date:	03/05/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old male with an injury date of 09/19/1995. Based on the 11/17/14 progress report, the patient complains of the right knee pain and lumbar spine pain. The diagnoses are: 1. Contusion of knee. 2. Lumbar strain. 3. Unspecified internal derangement of knee. 4. Hypertension. 5. Generalized and unspecified arteriosclerosis. 6. Contusion of unspecified part of upper limb. 7. Lumbosacral spondylosis without myelopathy. Based on the 11/25/14 progress report, the patient presents with lumbar post-laminectomy syndrome and degeneration of intervertebral disc. The patient reports left sided low back pain with aching, numbness, and tingling. The average pain level is at 4/10 and worst pain level is at 7/10. The pain aggravates with driving, lumbar extension, sitting, and standing greater than 30 minutes. The pain alleviates with exercise, lumbar flexion, stretching and medications. Current medications are Alprazolam, Ambien, Amlodipine, Atenolol, Bayer Aspirin, Buprenorphine, Isosorbide, Lisinopril, Lovastatin, Omeprazole, Paroxetine, Terazosin, Tizanidina, Xanax, and Zofran. The treater discontinued Pantoprazole and Zofran at this visit. The patient has antalgic gait and abnormal reversal lumbar lordosis. The treating physician is requesting for L5-S1 lumbar spine cortisone injection with fluoroscopy and ultrasound, and knee cortisone injection with fluoroscopy and ultrasound. The utilization review determination being challenged is dated 12/04/14. The requesting physician provided treatment reports from 05/13/14-11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Lumbar spine cortisone injection with fluoroscopy and ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (oral/parental/Im for low back pain), <http://www.odg-twc.com/>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, ESI

Decision rationale: This patient presents with lumbar post-laminectomy syndrome and degeneration of intervertebral disc. Pain is mostly on the left side of low back and the knee. The request is for L5-S1 lumbar spine cortisone injection with fluoroscopy and ultrasound. MTUS supports an ESI stating, ") Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For post-op, ODG guidelines L-spine chapter under ESI states, "Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor." In this case, there is no documentation of radicular symptoms. The patient has left-sided low back pain only. There is no MRI or other imaging study showing a potential nerve root lesion. No EMG report is provided showing radiculopathy. The patient has post-laminectomy syndrome and ODG guidelines do not support ESI for post-operative use. The request IS NOT medically necessary.

Knee cortisone injection with fluoroscopy and ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ODG Online Guidelines: Intraarticular glucocorticosteroid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg chapter, Ultrasound, diagnostic

Decision rationale: This patient presents with lumbar post-laminectomy syndrome and degeneration of intervertebral disc. The request is for knee cortisone injection with fluoroscopy and ultrasound. Regarding cortisone injection, MTUS and ACOEM Guidelines are silent; however, ODG Guidelines states it is indicated for severe osteoarthritis and must have at least 5 criteria of the following: bony enlargement, bony tenderness, crepitus (noisy, grating sound) on active motion, erythrocyte sedimentation rate (ESR) less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor less than 1:40 titer (agglutination method), synovial fluid signs. Conservative measures must have failed as well. For ultrasound guidance, ODG knee chapter states "Ultrasound guidance for knee joint injections is not generally necessary, but it may be considered in the following cases: (1) the failure of the initial attempt at the knee joint injection where the provider is unable to aspirate any fluid; (2) the size of the patient's knee, due to morbid obesity or disease process, that inhibits

the ability to inject the knee without ultrasound guidance; & (3) draining a popliteal (Baker's) cyst. Although there is data to support that ultrasound guidance improves the accuracy of knee joint injections and reduces procedural pain in some cases, the data does not support improved clinical outcomes from ultrasound guidance for all knee joint injections." Per 11/25/14 report, the treater noted that pain and spasm decreased 60 % with medications. In this case, the treater does not discuss why the patient needs cortisone injection with fluoroscopy and ultrasound. There is no evidence of "severe osteoarthritis," or documentation of conservative measure failure. The use of Fluoroscopy for knee injection is not supported either. Given the lack of indication per ODG guidelines, the request IS NOT medically necessary.