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| <b>Case Number:</b>   | CM15-0005535 |                              |            |
| <b>Date Assigned:</b> | 01/16/2015   | <b>Date of Injury:</b>       | 06/14/2010 |
| <b>Decision Date:</b> | 03/18/2015   | <b>UR Denial Date:</b>       | 12/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/12/2015 |

### 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 injured worker is a 59 year old male, who sustained an industrial injury on June 14, 2010. He has reported neck, back and knee pain. The diagnoses have included lumbar disc bulge, degenerative disc disease (DDD), and spinal stenosis, lower extremity radiculopathy, bilateral knee myoligamentous injury with medial meniscus tear left knee, and reactionary depression/anxiety. Treatment to date has included magnetic resonance imaging (MRI), electromyogram, epidural steroid injection and oral medication. Currently, the Injured Worker complains of low back pain with radicular symptoms in both legs and knee pain. Treatment includes epidural steroid injection, urine drug test and oral medication. On December 31, 2014 utilization review non-certified a request for transforaminal epidural steroid injection bilateral L5-S1, fluoroscopic guidance and synvisc injection left knee, noting no functional improvement or decrease in medication use. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 12, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection, Bilateral L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** Per the 12/22/14 report the patient presents with progressively worsening lower back pain with significant radicular symptoms to the lower extremities. The current request is for TRANSFORAMINAL EPIDURAL STEROID INJECTION, BILATERAL L5-S1 per the 12/23/14 RFA and 10/22/14 and 12/22/14 reports. Recent reports do not state if the patient is working. MTUS pages 46 and 47 states that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement. Examination on 12/22/14 shows positive Straight Leg Raise bilaterally with decreased sensation of the posterior lateral thigh and calf on the right and reflexes absent. The 05/22/11 MRI lumbar included includes an impression of L5-S1 of mild bilateral neuroforaminal stenosis and L4-5 severe bilateral neuroforaminal stenosis. The 12/22/14 report cites MRI findings showing a 4 mm disc bulge at L4-5. This report also states, the patient has received at least 50% pain relief for six to eight weeks from previous epidural steroid injections in the past. The report further states past injections resulted in significant increases in ADL's and a decrease in medication use. The most recent ESI Lumbar was in October 2013 that provided 80% pain relief for 2 months. The level of prior injections is not provided. In this case, examination findings show evidence of radiculopathy, imaging shows moderate foraminal stenosis at L5-S1 and prior injections have provided significant improvement of pain and function. The request IS medically necessary.

**Fluoroscopic Guidance:** Overturned

**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 ESI Page(s): 46-47.

**Decision rationale:** Per the 12/22/14 report the patient presents with progressively worsening lower back pain with significant radicular symptoms to the lower extremities. The current request is for FLUROSCOPIC GUIDANCE per the 12/23/14 RFA and 10/22/14 and 12/22/14 reports. Recent reports do not state if the patient is working. MTUS pages 46 and 47 states that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. Criteria for use include: Injections should be performed using fluoroscopy (live x-ray) for guidance. In this case, it appears this request is associated with the request for TFESI L5-S1 discussed above as medically necessary. Guidelines support the use of fluoroscopy for ESIs. The request IS medically necessary.

**Synvisc Injection, Left Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and LegHyaluronic acid injectionsCriteria for Hyaluronic acid injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg Chapter, Synvisc Injections/Hyaluronic acid injections

**Decision rationale:** Per the 12/22/14 report the patient presents with persistent left knee pain. The current request is for SYNVISIC INJECTION, LEFT KNEE per the 12/23/14 RFA and 12/22/14 report. Recent reports do not state if the patient is working.ODG, Knee & Leg Chapter, Synvisc Injections/Hyaluronic acid injections, states, Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The 12/14/14 report states, a 04/30/11 MRI of the left knee show a tear involving the medial meniscus and that a steroid injections to the left knee on 07/30/14 was successful and provided close to 2 months of decreased pain. The treater further states that the patient is an excellent candidate for a Synvisc injection and cites an Orthopedic Panel QME by Dr. ■. date unknown that recommends this treatment. This report is not provided for review. There is no evidence of a prior Synvisc injection for this patient. Guidelines state this treatment is indicated for severe osteoarthritis which is not documented for this patient. Meniscal tears of the left knee are documented; however, there is no documentation that these are degenerative tears associated with osteoarthritis. The request IS NOT medically necessary.