

Case Number:	CM15-0130794		
Date Assigned:	07/17/2015	Date of Injury:	02/14/2015
Decision Date:	08/14/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 42-year-old male, who sustained an industrial injury on February 14, 2015. He reported an injury to his left knee and low back. Treatment to date has included diagnostic imaging, physical therapy to the left knee and low back, MRI of the lumbar spine, activity modifications, EMG of the bilateral lower extremities, orthotics and medications. His past medical history is significant for a previous lumbar discectomy and laminectomy and previous left knee arthroscopic surgery. Currently, the injured worker complains of stiffness, popping, stabbing pain and numbness in the left knee. On physical examination, the injured worker ambulates with an antalgic gait and uses a cane for assistance. He is unable to toe walk or heel walk. He has slight to moderate tenderness to palpation over the lumbar spine. Supine straight leg raise tests are positive bilaterally. He has no patellar crepitus of the left knee and has retro patellar tenderness with palpation. His left knee range of motion is limited. Imaging of the left knee reveals no medial joint space remaining. The diagnoses associated with the request include left knee sprain, left knee osteoarthritis, myofascial sprain of the lumbar spine, lumbar radiculopathy and status post lumbar discectomy and laminectomy. The treatment plan includes a trial of Euflexxa injections to the left knee and a trial of one lumbar epidural block at L4-L5 and L5-S1 levels bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral epidural block at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long-term benefit or reduction for the need of surgery. Furthermore, the patient's file does not document that the patient is candidate for surgery. The patient has been unresponsive to conservative treatment and the MRI studies of the lumbar revealed radiculopathy at the requested levels. However, these finding is no corroborated by the findings of the patient's recent physical examination. Therefore, the request for bilateral epidural block at L4-L5 and L5-S1 is not medically necessary.

Euflexia injection to the 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, Knee & Leg, Hyaluronic acid injections, Criteria for Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hyaluronic acid injections, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Hyaluronicacidinjections>

Decision rationale: According to ODG guidelines, Hyaluronic acid injections are "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), too potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." There is no documentation that the patient failed to respond to aspiration and injection of intra-articular steroids. Therefore, the prescription of Left knee Euflexxa injection is not medically necessary.