

Case Number:	CM15-0143251		
Date Assigned:	08/04/2015	Date of Injury:	05/23/2014
Decision Date:	09/01/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 56 year old female, who sustained an industrial injury on 5-23-2014. She reported a trip and fall on 5-22-2014, landing on her hands and knees. The injured worker was diagnosed as having low back pain, left lower extremity radiculopathy, and left knee pain. Treatment to date has included diagnostics and medications. The Qualified Medical Evaluation report (5-28-2015) noted that she had minimal post-injury treatment. Magnetic resonance imaging of the lumbar spine (12-16-2014) findings were referenced as showing a 2mm central disc protrusion at L1-2 and a disc bulge with bilateral facet arthropathy at L4-5. There was a 2mm symmetric disc bulge with bilateral facet arthropathy at L5-S1, and multiple other small disc bulges and protrusions. None of the neural foramina were involved and there was curvature of the spine. The recommendation was for a steroid injection to the left knee and evaluation by a pain physician for spinal steroid injections. Several documents within the submitted medical records were handwritten and difficult to decipher. Currently (7-02-2015), the injured worker complains of left lower extremity pain, numbness of the dorsal foot, right knee pain, and right lower extremity pain. Pain was rated 8 out of 10. Exam noted positive straight leg raise, left greater than right. Medications included Tramadol and Naproxen. Work status was modified to sedentary work only. The treatment plan included a cortisone injection to the left knee and a bilateral L5-S1 lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection x 1 left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Official Disability Guidelines, cortisone injection times one to the left knee is not medically necessary. Corticosteroid injections are recommended for short-term use only. Criteria include documented symptomatic severe osteoarthritis of the knee which requires knee pain and at least five of the following: bony enlargement, only tenderness, crepitus, elevated ESR, less than 30 minutes morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor less than 1:40 and clear synovial fluid. In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary but may be considered in the following cases: when the provider was unable to aspirate for a fluid; the size of the patient's needs such as morbid obesity inhibits the ability to inject the knee without ultrasound guidance; and draining popliteal (Baker's cyst). In this case, the injured worker's working diagnoses are low back pain; lumbosacral radiculopathy; and left knee pain. The date of injury is May 23, 2014. Request authorization is July 10, 2015. According to a handwritten, illegible progress note dated July 2, 2015, subjectively, the injured worker complains of left lower extremity pain and lumbosacral pain with N & P. The injured worker ambulates with a cane. The only objective clinical finding in the record of positive straight leg raising left greater than right. There is no examination of the lumbar spine. There is no examination of the left knee. There were no radiographs of the left knee. There is no documentation of severe osteoarthritis. There is no clinical rationale for a cortisone injection to the left knee. Consequently, absent clinical documentation with objective findings/physical examination of the left knee and severe symptomatic osteoarthritis, cortisone injection times one to the left knee is not medically necessary.

Lumbar epidural steroid injection L5-S1 bilateral: Upheld

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 Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection L5 - S1 bilateral is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination

and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are low back pain; lumbosacral radiculopathy; and left knee pain. The date of injury is May 23, 2014. Request authorization is July 10, 2015. According to a handwritten, illegible progress note dated July 2, 2015, subjectively, the injured worker complains of left lower extremity pain and lumbosacral pain with N & P. The injured worker ambulates with a cane. The only objective clinical finding in the record of positive straight leg raising left greater than right. There is no examination of the lumbar spine. There was no neurological evaluation. There is no objective evidence of radiculopathy. There was no magnetic resonance imaging scan of the lumbar spine in the medical record. Consequently, absent clinical documentation with objective evidence of radiculopathy on physical examination and MRI (for purposes of corroboration), lumbar epidural steroid injection L5 - S1 bilateral is not medically necessary.