

Case Number:	CM15-0145411		
Date Assigned:	08/05/2015	Date of Injury:	12/10/2013
Decision Date:	09/02/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/24/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 (IW) is a 30 year old male who sustained an industrial injury on 12/10/2013. He reported being rear-ended in a motor vehicle accident with resultant pain in his neck, low back, legs and knees. The injured worker was diagnosed as having: Lumbar disc protrusion. Left knee medial meniscus tear and partial anterior cruciate ligament tear. Currently, the injured worker complains of chronic low back pain and pain in the left knee. A MRI of 04-07-2015 showed tearing of the medial meniscus and sprain of the anterior cruciate ligament (ACL). On 04-20-2015 it was noted that he does not present with laxity or findings consistent with a tear of the ACL, but it would be appropriate for him to have the knee surgery if he so desires. On July 9, 2015, the worker had placement of a lumbar epidural catheter, a lumbar Epidurogram, intraoperative fluoroscopy and a lumbar interlaminar epidural injection. The treatment plan includes repair of the left knee. A request for authorization was made for the following: 1. Left knee arthroscopy with meniscetomy, possible ACL reconstruction, with allograft. 2. Lumbar epidural steroid injection at L4-L5 with fluoroscopic guidance. 3. Pre-operative medical clearance. 4. Post-operative physical therapy 3 times per week for 4 weeks. 5. Associated Service: Durable medical equipment (DME) cold therapy unit (7 day rental). 6. Associated Service: Durable medical equipment (DME) left knee brace. 7. Associated Service: Durable medical equipment (DME) crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5 with fluoroscopic guidance: Upheld

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 page 46.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy.

Therefore, the determination is for non-certification. The request is not medically necessary.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guideline on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Pre-operative testing general.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Pre-operative testing general, is utilized. This chapter states that pre-operative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide post-operative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Pre-operative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 30 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the determination is for non-certification. The request is not medically necessary.