

Case Number:	CM15-0161222		
Date Assigned:	08/28/2015	Date of Injury:	09/19/1995
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 70 year old male with an industrial injury dated 09-19-1995. His diagnoses included spine-lumbar strain, contusion of knee and spine - lumbosacral spondylosis without myelopathy. Prior treatment included diagnostics and medications. He presented on 07-20-2015 with complaints of right knee pain and limited range of motion. The patient has had history of tingling in left foot. Physical exam noted pain with right knee range of motion. The treatment request is for: Right knee cortisone injection under fluoroscopy and ultrasound; Right L5-S1 cortisone facet joint injection under fluoroscopy and ultrasound. The patient has had MRI of the lumbar spine on 12/12/13 that revealed worsening of disc protrusions and multilevel degenerative changes; X-ray of the right knee that revealed osteoarthritis. The medication list include Gabapentin, Prilosec, Zanaflex and Ultram, Norco. Per the note dated 7/20/15 the patient had complaints of back pain and bilateral knee pain. Physical examination of the knee and back on 6/25/15 revealed instability, weakness and findings of radiculopathy. A recent detailed physical examination of the right knee was not specified in the records specified. The patient's surgical history includes lumbar surgery laminectomy in 2000 and left knee surgery in 2003. The patient had received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 cortisone facet joint injection under fluoroscopy and ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 (updated 07/17/15) Facet joint diagnostic blocks Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG low back guidelines Facet joint intra-articular injections (therapeutic blocks) (injections) are 'Under study' Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. As per the cited guideline there should be no evidence of radicular pain, spinal stenosis, or previous fusion and as per the records provided the patient has had history of tingling in left foot So there is a possible evidence of radiculopathy. Evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy was not specified in the records specified. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Right L5-S1 cortisone facet joint injection under fluoroscopy and ultrasound is not fully established in this patient. Therefore, the request is not medically necessary.

Right knee cortisone injection under fluoroscopy and ultrasound: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Knee & Leg (updated 07/10/15) Corticosteroid injections.

Decision rationale: MTUS guideline does not specifically address this issue. Hence ODG used. As per cited guideline, 'Corticosteroid injections: Recommended for short-term use only.' The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three.

(Leopold, 2003) (Arroll-BMJ, 2004) (Godwin, 2004) The 'Longer-term benefits have not been confirmed.' A recent detailed physical examination of the right knee was not specified in the records specified. Patient has received an unspecified number of PT visits for this injury Detailed response to previous conservative therapy was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Right knee cortisone injection under fluoroscopy and ultrasound is not fully established for this patient. Therefore, the request is not medically necessary.