

<b>Case Number:</b>	CM15-0189578		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Hawaii  
 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 66 year old female who sustained an industrial injury on January 30, 2007. On February 19, 2015, the worker noted undergoing lumbar epidurogram without complication. A secondary treating office visit dated March 03, 2015 reported chief subjective complaint of "experiencing pain in her left knee and pain in her low back." Current medications consisted of: ibuprofen, and Soma. The following diagnoses were applied to this visit: lumbar strain and sprain, left knee internal derangement; idiopathic peripheral autonomic neuropathy, and unspecified disorder of autonomic nervous system. There is recommendation for course of physical therapy and TENS unit with supplies, prescribed topical compound creams. On August 26, 2015 a request was made for a LESI at L3-4 and L4-5 that was noncertified by Utilization review on September 02, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection with Fluoroscopic guidance at L3-L4 and L4-L5:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The patient presents with low back, bilateral hip, left leg, and left knee pain. The current request is for Lumbar Epidural Steroid Injection with Fluoroscopic guidance at L3- L4 and L4-L5. The treating physician's report dated 07/27/2015 (15B) states, "On examination, there was tenderness to palpation noted over the bilateral paraspinous muscles. Straight leg raise test was positive." The physician does not provide a rationale for the request. The MRI dated 09/19/2014 (19B) shows: 1. 6.5mm L3-4 disc herniation with moderate central canal stenosis and severe bilateral neural foraminal stenosis. 4.0mm anterolisthesis of L3 on L4 as well as mild- moderate facet hypertrophic change contribute to stenosis. 2. 5.5mm L4-5 disc protrusion with moderate bilateral neural foraminal stenosis as well as mild central canal stenosis. Facet hypertrophy contributes to stenosis. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. Repeat block 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. The progress report dated 05/18/2015 (274A) notes, "She underwent first lumbar epidural steroid injection on Feb 19, 2015 (22B). Since the last visit, she feels the same and complains of low back pain rated as 9/10. She also reports having pain in bilateral hip rated as 8/10; pain in bilateral leg, left knee and right foot rated as 7/10 and occipital headache." In this case, there is no documentation of at least 50% pain relief, functional improvement and medication reduction for 6 to 8 weeks. Therefore, the patient does not meet the required criteria for repeat blocks based on the MTUS Guidelines. The current request is not medically necessary.

**Left knee synvisc injection:** Overturned

**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 & Leg - Hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Hyaluronic Acid Injections.

**Decision rationale:** The patient presents with low back, bilateral hip, left leg, and left knee pain. The current request is for Left knee Synvisc injection. The treating physician's report dated 07/24/2015 (15B) states, "She also reports having pain in bilateral hip rated as 7/10 and pain in left leg and left knee rated 8-9/10. She reports that the pain is associated with giving way and grinding in left knee and swelling in back and left knee." The physician does not provide a rationale for the request. The MTUS and ACOEM Guidelines do not address this request. However, the ODG guidelines under the knee chapter on 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." Medical records do not show a history of left knee Synvisc injection. The patient has utilized medications, patches, and physical therapy in the past with no significant benefit. Given that the patient does have a diagnosis of left knee OA, the request is appropriate and is within guidelines. The current request is medically necessary.