MAXIMUS Federal Services

Case Number:	CM15-0190133		
Date Assigned:	10/02/2015	Date of Injury:	03/17/2012
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old female who sustained an industrial injury on 3-17-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, cervical radiculopathy and knee pain. According to the progress report dated 8-3-2015, the injured worker complained of neck and back pain rated 6 out of 10. The injured worker complained of shoulder pain rated 5 out of 10 and knee pain rated 5 out of 10. Progress reports were hand written and difficult to decipher. The injured worker was not currently working. The physical exam (8-3-2015) revealed tenderness, decreased range of motion and spasm of the cervical and lumbar spine. There was tenderness to both knees and pain at the end of range of motion. Treatment has included acupuncture and medication. The request for authorization was dated 9-10-2015. The original Utilization Review (UR) (9-17-2015) denied requests for caudal epidural injection, cervical epidural injection and bilateral knee injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural injection: 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 claimant has a cumulative trauma work injury with date of injury in March 2012. When seen by the requesting provider, she was having neck, back, shoulder, and knee pain. Physical examination findings included decreased range of motion with cervical and lumbar spasms. There was bilateral knee tenderness and pain with range of motion. When the request was made, no physical examination findings was recorded. Authorization is being requested for cervical and lumbar epidural injections and bilateral knee injections. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy or documentation of radicular complaints of pain. The requested caudal epidural steroid injection is not considered medically necessary.

Bilateral knee injection: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Knee and Leg Procedure Summary Online Version last updated 5/5/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Corticosteroid injections.

Decision rationale: The claimant has a cumulative trauma work injury with date of injury in March 2012. When seen by the requesting provider, she was having neck, back, shoulder, and knee pain. Physical examination findings included decreased range of motion with cervical and lumbar spasms. There was bilateral knee tenderness and pain with range of motion. When the request was made, no physical examination findings was recorded. Authorization is being requested for cervical and lumbar epidural injections and bilateral knee injections. Criteria for an intra-articular knee injection include documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria and symptoms not controlled adequately by recommended conservative treatments such as exercise, acetaminophen, and NSAID medication. In this case, there is no diagnosis of severe osteoarthritis either by x-ray or fulfilling the ACR criteria. Additionally, there is no evidence of failure of conservative treatments. A knee injection is not medically necessary.

Cervical epidural injection: 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 claimant has a cumulative trauma work injury with date of injury in March 2012. When seen by the requesting provider, she was having neck, back, shoulder, and knee pain. Physical examination findings included decreased range of motion with cervical and lumbar spasms. There was bilateral knee tenderness and pain with range of motion. When the request was made, no physical examination findings was recorded. Authorization is being requested for cervical and lumbar epidural injections and bilateral knee injections. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy or documentation of radicular complaints of pain. The requested cervical epidural steroid injection is not considered medically necessary.