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| Case Number: | CM15-0199010 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 07/27/2015 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

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: New Jersey

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 34 year old male, who sustained an industrial injury on 7-27-2015, resulting from cumulative trauma. The injured worker was diagnosed as having lumbar radiculitis and right knee degenerative joint disease. Treatment to date has included over the counter medications. Currently (8-26-2015), the injured worker complains of "severe" low back pain with radiation to the right leg, rated 7-9 out of 10, right knee pain, rated 7-8 out of 10, and constant left wrist pain, along with right wrist swelling. He also reported paresthesia in the right leg after walking more than one block. He was currently not working. He reported that change in position helped low back and knee pain and alternating heat-ice helped back and wrist pain. He also reported anxiety and depression secondary to job loss and chronic pain. He was taking over the counter non-steroidal anti-inflammatory drugs and past physical treatments were "none". Exam of the lumbar spine noted tenderness bilaterally from L3-L5, bilateral lumbar facet tenderness at L4-5 and L5-S1 (right greater than left), limited range of motion and worsened pain with extension of the lumbar spine, straight leg raise positive on the right, deep tendon reflexes 1+ on the right and 2+ on the left, and weakness in the right L4-5 myotomes. Exam of the right knee noted pain to the medial and lateral aspects and limited range of motion. Exam of the left knee was not noted. Per the Request for Authorization dated 9-01-2015, the treatment plan included left knee intra-articular steroid injection and magnetic resonance imaging of the lumbar spine, non-certified by Utilization Review on 9-08-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee intra-articular steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Corticosteroid injections.

Decision rationale: The MTUS ACOEM Guidelines state that knee corticosteroid injections are not routinely indicated. The ODG, however, provides more criteria for their consideration for certain situations. The ODG states that corticosteroid injections in the knee joint are recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. 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, total per knee joint. The short-term benefit of intra-articular (IA) corticosteroids in treatment of knee osteoarthritis is well established, and few side effects have been reported. Longer-term benefits have not been confirmed, however. The criteria for corticosteroid injections to the knee include: 1. Documented symptomatic severe osteoarthritis, 2. Not controlled adequately by conservative treatments (exercise, NSAIDs, acetaminophen), 3. Pain interferes with functional activities and not attributed to other forms of joint disease, 4. Intended for short-term control to resume conservative medical management or to delay total knee replacement, 5. Generally performed without fluoroscopic or ultrasound guidance, 6. Absence of synovitis, 7. Aspiration of effusions preferred (not required), 8. Only one injection should be scheduled to start, 9. Second injection is not recommended if the first resulted in complete resolution of symptoms or if there was no response, 10. With several weeks of temporary partial resolution of symptoms and then worsening pain and function, a repeat steroid injection may be an option, and 11. Number of injections should be limited to three total per joint. In the case of this worker, there was a complaint of right knee pain due to repetitive trauma with a documented report of tenderness to the medial and lateral aspects of the knee with limited range of motion. There was no documented crepitus of the right knee. A recent x-ray of the right knee revealed only mild degenerative joint disease. Therefore, the diagnosis of mild arthritis, based only on imaging and not physical findings suggests that this worker was not a candidate for a steroid injection. Also, the request appears to have mistakenly placed left knee instead of right. The request is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, Surgical Considerations, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case exhibited a positive straight leg raise, decreased reflexes on the right, and weakness of the right lower extremities along the L4-5 myotomes. However, there appeared to be evidence to suggest more and new conservative care was being recommended at the same time (physical therapy, pain medication) which would need to be evaluated afterwards before considering imaging of the spine at this early stage in the course of treatment. Therefore, according to the documents provided, it appears that this request for MRI lumbar spine is premature and not medically necessary at this time.