

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0215077 | | |
| Date Assigned: | 11/04/2015 | Date of Injury: | 01/13/2012 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/22/2015 |
| Priority: | Standard | Application Received: | 11/02/2015 |

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

Certification(s)/Specialty: Emergency Medicine

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 62 year old, female who sustained a work related injury on 1-13-12. A review of the medical records shows she is being treated for low back and bilateral knee pain. In the Primary Treating Physician's Interval Report-Periodic Update dated 7-27-15 and 10-12-15, the injured worker reports recurring, severe bilateral knee pain. She rates the pain an 8-10 out of 10. She reports non-improving low back and sciatica pain. On physical exam dated 10-12-15, she has tenderness at both knees and tri-compartmental areas. She has decreased bilateral knee range of motion. No physical findings documented on lower back. Treatments have included left knee surgery, Orthovisc injections x 3 in left knee-pain was worse after last one, physical therapy greater than 3 sessions; no long-term benefit, cortisone injections in knees-not beneficial long-term, and medications. Current medications include-none listed. The provider lists a diagnosis impression of "symptomatic S1 radiculitis-radiculopathy with MRI findings of herniated lumbar disc L5-S1." She is working light duty 35 hours per week. The treatment plan includes requests for Orthovisc injections into both knees and for a lumbar epidural steroid injection. The Request for Authorization dated 10-16-15 has requests for Orthovisc injections, aspirations, and an epidural steroid injection. In the Utilization Review dated 10-22-15, the requested treatments of Orthovisc injections, one per week for 3 weeks bilaterally for total of 6, aspiration x 6 and a L5- S1 epidural steroid injection are all not medically necessary. Months of record provided are poor with minimal physical exam documentation and over 6 months of records show no medication list or any mention of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections; 1 per week for 3 weeks bilaterally, 6 total: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg chapter, Orthovisc (hyaluronan).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and lower leg: Hyaluronic acid injections.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, hyaluronic acid injections are considered an option. However, prior injection done only several months prior provided no benefit. Provider claims "beneficial" but this is false since prior notes show no improvement in pain or function and notes specifically states that it provided no benefit and sometimes worsened pain. Not medically necessary.

Aspiration times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As per ACOEM MTUS guidelines, Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection. Aspirations may be considered in large effusions. There is no documentation of any benefit from prior aspirations and there is no documentation of large effusion. Not medically necessary.

L5-S1 epidural steroid injection: Upheld

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

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

Decision rationale: This request is 2 different procedures done as a single request. If epidural steroid injection is not medically necessary, the requested trigger point injection will also be considered not medically necessary. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for

increasingly active therapy or to avoid surgery. The documentation fails to provide any rationale for LESI. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts or even any medications the patient is currently taking. There is some mention on physical therapy but there is no noted 1st line medication failure or documentation of any medications on record. Fails criteria. 3) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. There is noted MRI findings (report was not provided for review) but no recent neurological or motor exam consistent with radiculopathy. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.