

Case Number:	CM15-0037451		
Date Assigned:	03/05/2015	Date of Injury:	05/29/2008
Decision Date:	04/21/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/27/2015

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: Internal 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 59 year old female, who sustained a work related injury on 5/29/08. The diagnoses have included mild to moderate lumbar spondylotic stenosis, chronic cervical and upper extremity radicular pain and generalized back pain. Treatments to date have included medications, CT scan of thoracic and lumbar spine on 8/14/13, MRI lumbar spine on 1/28/13 and 10 sessions of aqua therapy. In the PR-2 10/9/14, dated the injured worker complains of persistent pain in neck, left arm, lumbar area and bilateral legs radicular pain with nighttime numbness. The request is for a left knee steroid injection and MRIs of cervical and lumbar spine. On 2/19/15, Utilization Review non-certified requests for a left knee steroid injection and MRIs of the cervical and lumbar spine with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Corticosteroid injections.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cortisone injections of the knee. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) states that invasive techniques, such as cortisone injections, are not routinely indicated. Official Disability Guidelines (ODG) indicates that longer-term benefits of intra-articular corticosteroids in treatment of knee osteoarthritis have not been confirmed. ODG criteria for intraarticular glucocorticosteroid injections requires documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least five of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Not controlled adequately by recommended conservative treatments (exercise, NSAIDs or acetaminophen). The request for authorization for knee steroid injection was dated 2/10/15. The primary treating physician's progress report dated 10/9/14 did not document physical examination of the knee. No physical examination of the knee was documented in the submitted medical records. The medical records do not support the request for knee steroid injection. The request for knee steroid injection is not supported by ACOEM or ODG guidelines. Therefore, the request for knee steroid injection is not medically necessary.

MRI C spine and L spine with GAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 181-183; 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back

Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The primary treating physician's progress report dated 10/09/2014 documented lumbar, neck, upper extremity and lower extremity complaints. Date of injury was 5/29/2008. Physical examination was documented. Neurologic examination showed left L5 hypesthesia and bilateral C6-7 hypesthesia. Motor testing does not reveal a clear-cut dermatomal deficit. No tenderness was documented. No range of motion was documented. Deep tendon reflexes were not documented. Provocative tests were not documented. MRI of the cervical spine and lumbar spine was requested 2/10/15. The request for authorization (RFA) was dated 2/10/15. The latest progress report submitted for review was dated 10/9/14. Without recent progress reports, the 2/10/15 request for cervical spine and lumbar spine MRI are not supported. Therefore, the request for MRI of the cervical spine and lumbar spine is not medically necessary.