

Case Number:	CM15-0047791		
Date Assigned:	03/19/2015	Date of Injury:	09/26/2002
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/13/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of September 26, 2002. In a Utilization Review report dated February 18, 2015, the claims administrator failed to approve a request for a knee steroid injection under anesthesia, a preoperative medical clearance, laboratory testing, and Lyrica. The claims administrator referenced an RFA form received on February 10, 2015 in its determination. The claims administrator noted that the applicant had undergone earlier lumbar spine surgery. Non-MTUS Third Edition ACOEM Guidelines on knee corticosteroid injection therapy were invoked in the determination. The applicant's attorney subsequently appealed. On February 10, 2015, the applicant reported ongoing complaints of low back and bilateral knee pain. The applicant was apparently using Celebrex, Cymbalta, Lyrica, AcipHex, Norco, Imitrex, and oral Voltaren, the treating provider acknowledged. Severe complaints of the low back and bilateral knee pain were reported. The applicant had received multiple epidural steroid injections, it was acknowledged. The applicant reported difficulty negotiating stairs. The note was somewhat difficult to follow as it mingled historical issues with current issues. The applicant had also had recent sacroiliac joint injection, the treating provider acknowledged. The applicant also reported reportedly advanced generalized knee arthritis. The applicant had had multiple Synvisc injections. Grinding and popping about the knees were reported. Authorization for a knee corticosteroid injection under anesthesia secondary to anxiety with injection was sought while Lyrica and Norco were endorsed. The attending provider stated that he was endorsing Lyrica at a heightened dose owing to the fact that the prior dosage of Lyrica

was seemingly inadequate. The applicant did exhibit crepitation about the knees and a normal gait, the treating provider reported in another section of the note. In a procedure note dated February 2, 2015, the applicant received sacroiliac joint injections. The applicant was described as having issues with diabetes, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee steroid injection under mac at basic Irvine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Antiepilepsy drugs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 47, 339, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for knee corticosteroid injection under anesthesia was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 339, invasive technique such as the cortisone injection in question, are not "routinely indicated." Here, the applicant appears to have had multiple prior injections of various kinds, including sacroiliac joint injection therapy, epidural steroid injection therapy, knee visco-supplementation injection therapy, etc. The attending provider did not clearly establish why, how, and/or if further injection therapy such as the cortisone injection in question would be beneficial here. The attending provider did not furnish much in the way of applicant-specific rationale for the request. The attending provider did not state whether the applicant had or had not had previous corticosteroid injection therapy. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as "comorbidities" and "side effects" into his choice of recommendations. Here, the attending provider did not furnish a clear or compelling rationale for receipt of another corticosteroid injection so soon after the applicant had received sacroiliac joint injection therapy. The applicant was, furthermore, diabetic. The attending provider did not state why he was intent on giving the applicant so many different kinds of systemic corticosteroid injections, including sacroiliac joint injections, epidural injections, knee corticosteroid injection therapy, etc., when said steroid injections would inevitably result in worsening of the applicant's underlying diabetes control. Therefore, the request is not medically necessary.

Pre-op medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 47, 339.

Decision rationale: Similarly, the request for preoperative clearance was likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one that accompanies the primary request for the knee corticosteroid injection. Since that request was deemed not medically necessary in question #1, the derivative or companion request for an associated preoperative clearance was likewise not medically necessary.

Labs; TSH, CBC, CMP, UA, PT, PTT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 47, 339.

Decision rationale: Similarly, the request for laboratory testing to include a TSH, CBC, CMP, UA, PT, and PTT was likewise not medically necessary, medically appropriate, or indicated here. This is another derivative or companion request, one which accompanies the primary request for a knee corticosteroid injection. Since that request was deemed not medically necessary, the derivative or companion request for associated pre-procedure testing to include a CBC, TSH, CMP, UA, PT, PTT, etc., was likewise not medically necessary.

Pharmacy Purchase Lyrica 150mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms; Functional Restoration Approach to Chronic Pain Management; Pregabalin (Lyrica) Page(s): 3; 7; 99.

Decision rationale: Finally, the request for Lyrica (pregabalin) was medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is considered as a first line treatment for postherpetic neuralgia and diabetic neuropathic pain and, by analogy, is indicated in the treatment of neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by numbing, burning, lancinating, and electric shock like symptoms. Here, the applicant did have such symptoms associated with ongoing lumbar radicular pain complaints. The attending provider seemingly suggested that the previously provided dosage of Lyrica was inadequate on February 19, 2015. The attending provider therefore suggested that the applicant employ Lyrica at a heightened dose on or around the date in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that an attending provider adjust the dosing of a particular medication to the individual applicant. Here, increasing the dosage of Lyrica was indicated, given the applicant's seemingly poor response to the lower dose. Therefore, the request is medically necessary.