

Case Number:	CM15-0051149		
Date Assigned:	03/24/2015	Date of Injury:	05/08/2008
Decision Date:	05/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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: Physical Medicine & Rehabilitation

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 46-year-old male who reported an injury on 05/08/2008 that occurred due to cumulative trauma to his spine, bilateral shoulders, bilateral wrists and bilateral knees. Current diagnoses include shoulder joint pain, lower leg pain, cervical degenerative disc disease and cervicalgia. Treatment has included injections to the right knee joints, left knee joints, exercise and medications. The clinical note dated 03/29/2015 indicates the injured worker was seen with continued complaints of knee pain and cervical spine pain. The clinical note indicates that he previously stated 50% relief from knee injections lasting 3 months in duration. Current medications included Prozac, Norco and gabapentin. Physical examination revealed decreased range of motion on flexion and extension of the neck with decreased grip strength and positive sensory deficits. There was noted to be decreased range of motion of the bilateral knees due to pain, with tenderness to palpation, swelling and crepitus noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient injection to bilateral knee injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg.

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 Leg, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines recommend hyaluronic acid injections for symptomatic knee osteoarthritis with significant improvement from prior injections for at least 6 months. The clinical records indicate that the injured worker previously had injections performed with pain relief of 50% improvement lasting for 3 months, which does not meet guideline criteria for repeat injections. Given the above, this request is not medically necessary.

Outpatient Cervical Epidural Steroid Injection (CESI) at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: California MTUS Guidelines recommend epidural injections with documentation of persistent radicular pain and physical exams and diagnostic study confirmation of radiculopathy, after failed therapy trials. Although the injured worker does have evidence of neurological and functional deficits, there is no evidence of diagnostic imaging supporting neural foraminal stenosis or nerve root impingement at the requested level. As such, this request is not medically necessary.

Outpatient CT scan of bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: California MTUS Guidelines recommend an imaging study of the knee with documented exam evidence of ligament instability or internal derangement after failed therapy trials. However, there is insufficient evidence regarding why an MRI cannot be used over a CT scan. As such, this request is not medically necessary.

Pharmacy purchase of Prozac 40mg #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: California MTUS Guidelines recommend antidepressant treatment for chronic pain and neuropathic pain, with tricyclics generally considered first line agents, unless they are ineffective, poorly tolerated or contraindicated. There is no documentation of the contraindication of tricyclic antidepressants for the injured worker's condition or documentation of depression. Given the above, this request is not medically necessary.