

Case Number:	CM14-0163586		
Date Assigned:	10/08/2014	Date of Injury:	06/06/2013
Decision Date:	11/07/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old male with a date of injury of 6/6/2013. Injury occurred while carrying a wooden log over his head to his truck. He lost his balance when his left foot got stuck on a wooden plank, and he fell on his back. The 8/15/13 right knee magnetic resonance imaging (MRI) impression documented small knee joint effusion, patellofemoral joint degenerative joint disease, low grade patellar chondromalacia, grade IV chondromalacia of the femoral trochlea, and mild induration of Hoffa fat pad. The 12/3/13 lumbar spine magnetic resonance imaging (MRI) impression documented retrolisthesis of L4 over L5. There was a 4 to 5 mm L4/5 diffuse disc bulge with a possible disc extrusion compressing the thecal sac, the transversing left L5 nerve root, and possibly the left S1 nerve root. Bilateral foraminal exit zone compromise was noted. There was a small L1/2 disc bulge without central or neuroforaminal stenosis or significant facet joint hypertrophy. There was a 2 to 3 mm disc bulge at L3/4 with mild bilateral foraminal exit zone compromise and facet joint hypertrophy. There was a small L5/S1 disc bulge without significant central or neuroforaminal stenosis. There was mild facet joint hypertrophy. Conservative treatment had included anti-epilepsy medications, anti-inflammatory medications, and work modification. A left L5/S1 transforaminal epidural steroid injection was performed on 8/6/14 with a hiccup response and no reported change in low back or leg symptoms. The 9/5/14 treating physician report cited grade 8/10 low back pain, described as sharp, burning, tingling, and numbness. He complained of right knee swelling and was concerned with right thigh muscle atrophy. Pain was brought on by any activity, including sitting, standing and walking. Pain was better with rest and medications. He was currently taking ibuprofen. He stopped taking Lyrica because he had a cold. Lumbar spine exam documented moderate loss in lumbar flexion and extension, negative straight leg raise, negative mechanical signs, normal lower extremity muscle strength, intact light touch sensation, and symmetrical 2+ deep tendon reflexes. Right knee range

of motion was -10 to 90 degrees. The injured worker was able to squat to 160 degrees of knee flexion. There was no effusion and patellar tracking was normal. There was joint line tenderness. There was slight give way with anterior drawer sign. Quadriceps and hamstring strength was 5/5. The diagnosis was left lumbar radiculitis status post lumbar epidural steroid injection, lumbar facet arthropathy, bilateral hip osteoarthritis, and bilateral knee pain, right worse than left. The treatment plan recommended bilateral medial branch blocks at L3, L4 and L5. The injured worker declined injections. Authorization was requested for surgical consult for the right knee and low back. Medications were prescribed to include Lyrica and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consult for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344; 305-306.

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

Decision rationale: The evidence based guidelines state that referral for surgical consultation is indicated for injured workers who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guideline criteria have not been met at this time. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including exercise, and failure has not been submitted. There is no clear evidence of a surgical lesion on imaging. There is no specific functional limitation attributed to the knee. Therefore, this request is not medically necessary.

Surgical Consult for the Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288; 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202.

Decision rationale: The evidence based guidelines state that referral for surgical consultation is indicated for injured workers who have met specific criteria. Referral is indicated for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines generally require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms should be documented. Guideline criteria have not been met at this time. There is no current clinical exam evidence of neural compromise. Evidence of a recent, reasonable and/or

comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Acupuncture 2 times 3 (right knee): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. Guideline criteria have not been met. There is no current indication documented in the records to support the medical necessity of acupuncture. There is no evidence that pain medication has been reduced or not tolerated. The injured worker is not currently participating in physical rehabilitation and surgical intervention is not planned. Therefore, this request is not medically necessary.