

Case Number:	CM14-0095578		
Date Assigned:	07/25/2014	Date of Injury:	11/23/2012
Decision Date:	09/18/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old female who was injured on 11/23/12 after she slipped and fell onto the floor. She was diagnosed with cervical strain/sprain with upper extremity radiculitis, osteoarthritis left knee, meniscus tear of left knee, thoracic sprain/strain, lumbar sprain/strain, lumbar discopathy, left hip trochanteric bursitis, internal derangement bilateral shoulders, left shoulder impingement syndrome, right shoulder impingement syndrome, left lateral epicondylitis, left ulnar nerve entrapment, right lateral epicondylitis, right ulnar nerve entrapment, left carpal tunnel syndrome, left wrist sprain/strain, right carpal tunnel syndrome, right wrist sprain/strain, left knee sprain/strain, right knee sprain/strain, left ankle sprain/strain, and right ankle sprain/strain. She was treated with oral medications including NSAIDs and opioids, acupuncture, injection (shoulder), surgery (bilateral knee arthroscopy), physical therapy (knees). On 3/3/14, she was seen by her treating physician complaining of neck, mid back, low back, bilateral arm, bilateral shoulder, bilateral hand/finger, bilateral leg, and bilateral knee pain and was recommended for her to have an injection in her left shoulder, use a lumbar brace, have an arthroscopic examination of her left knee, get an epidural injection into her lumbar spine. Her left knee arthroscopy was on 4/2/14. Following this procedure, she was seen again by her treating physician on 4/21/14 with the same pain complaints as before. Physical examination revealed tenderness of the lumbar area, normal bilateral knee range of motion, tenderness of medial knees bilaterally, and tenderness of right greater trochanter. He was again recommended a back brace, epidural injection, and shoulder injection, and later physical therapy for his left knee. Nerve conduction studies performed on 4/29/14 showed evidence for an acute left L5 and S1 lumbosacral radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection to Lumbar Spine at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Armon, 2007; Manchikanti, 2003; Boswell, 2007.

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. No more than two nerve root levels should be injected using transforaminal blocks, 6. No more than one interlaminar level should be injected at one session, 7. in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, the documentation of the physical examination of the lumbar spine and lower extremities from 4/21/14 was incomplete (no neurologic exam) and didn't clearly confirm lumbar radiculopathy. Also, there was no mention of the worker performing home exercises for her lumbar spine, which would be required to be continued if considering an epidural injection. Therefore, without evidence of these criteria being met, the epidural injection is not medically necessary.

Subacromial Injection to Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: The MTUS ACOEM Guidelines state that invasive techniques for shoulder pain have limited proven value; however, if the pain with elevation significantly limits activities,

a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (exercises, NSAIDs) for two to three weeks. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. In the case of this worker, there was not sufficient documentation to describe the worker's functional benefit from her prior shoulder injection in order to justify another injection. Without this evidence of benefit from prior injections in this joint, the subacromial injection is not medically necessary.

Lumbar Spine brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter- Back brace; Resnick, 2005.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be used as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). As the worker in this case is well beyond the acute phase of her lumbar injury, a lumbar brace is not going to contribute much to her long term recovery or function and is not medically necessary. No evidence for any specific indication that would suggest it might be helpful was found in the documents provided for review.

Urine Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Chabel, 1997; Michna, 2004; Weaver, 2002.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from

opioids. In the case of this worker, she had been using Norco chronically. However, there was no evidence found in the documents provided for review suggesting she required a drug screen. Therefore, the drug screen urine test is not medically necessary.

Physiotherapy 2x4 Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines for Physical Medicine. Decision based on Non-MTUS Citation Colorado, 2002; Airaksinen, 2006; Li, 2005.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in small to moderate short-term, but not long-term benefit. In the case of this worker, it is not known if the worker completed any physical therapy following her left knee arthroscopy on 4/2/14, but either way, considering the guidelines, she does not need any formal physical therapy following this procedure. Basic instructions for stretching and muscle exercises done at home should suffice. No evidence for her being an exception to these guidelines was seen in the chart notes. Therefore, the physiotherapy of the left knee is not medically necessary.