

Case Number:	CM15-0026091		
Date Assigned:	02/18/2015	Date of Injury:	07/08/2011
Decision Date:	04/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/11/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 49 year old female, who sustained an industrial injury on July 8, 2011. The injured worker had reported a right knee injury. The diagnoses have included chronic lumbar strain, lumbar spondylolisthesis and status post right knee partial medial meniscectomy. Treatment to date has included pain medication, physical therapy, MRI of the lumbar spine, lumbar epidural steroid injections, bilateral lumbar radiofrequency ablation, Orthovisc injection to the right knee and a right knee meniscal repair. An MRI dated September 9, 2011 noted a tear of the medial meniscus. Current documentation dated November 21, 2014 notes that the injured worker had developed low back pain, right hip and right thigh pain. An MRI of the lumbar spine was done and revealed bulging discs, bilateral facet hypertrophy and spondylolisthesis. Current complaints include constant bilateral low back pain, right buttock pain and intermittent numbness and tingling that extended down both legs. She also reported right knee clicking, popping with swelling. The pain was noted to have affected her activities of daily living and sleep pattern. Physical examination of the lumbar spine revealed tenderness and guarding to palpation. Right and left lumbar facet loading was positive. Range of motion was decreased. Right knee examination revealed tenderness to palpation. On January 23, 2015 Utilization Review non-certified a request for a right knee injection of Hyaluronic Acid and lumbar epidural steroid injections at bilateral lumbar five. The MTUS, ACOEM Guidelines and the Official Disability Guidelines, were cited. On February 11, 2015, the injured worker submitted an application for IMR for review of a right knee injection of Hyaluronic Acid and lumbar epidural steroid injections at bilateral lumbar five.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Injection of Hyaluronic Acid: 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); Knee & Leg Criteria for Hyaluronic Acid or Hylan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Hyaluronic acid injections.

Decision rationale: According to the official disability guidelines, hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatments such as exercise, NSAIDs or acetaminophen. According to the documents available for review, the injured worker does not have a diagnosis of severe osteoarthritis. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

Lumbar Epidural Steroid Injection at Bilateral L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 45.

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

Decision rationale: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In the documentation available for review, the physical exam findings do not corroborate the MRI

findings. In particular, the MRI does not indicate bilateral L5 nerve root impingement. Therefore, the request for bilateral L5 ESI is not indicated or supported by the documentation. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.