

Case Number:	CM15-0064466		
Date Assigned:	04/20/2015	Date of Injury:	12/18/2007
Decision Date:	05/18/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 70 year old female, who sustained an industrial injury on 12/18/2007. The details regarding the initial injury were not submitted for this review. Diagnoses include knee arthralgia, knee chondromalacia patella, lumbosacral disc degeneration, low back syndrome, and depressive disorder with insomnia secondary to pain. Treatments to date include application of heat/ice, NSAID, over the counter topical ointment, and home exercise. Currently, she complained of back and knee pain. On 2/23/15 the physical examination documented decreased lumbar range of motion with muscle tenderness and spasm noted. The examination of the knees revealed crepitus with range of motion with tenderness to palpation noted. The plan of care included Orthovisc injection bilaterally and a pain management consultation for evaluation for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc Injections x 6, Series of 3 Injections Each Knee, Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee-Hyaluronic acid injections.

Decision rationale: Orthovisc Injections x 6, Series of 3 Injections Each Knee, Bilateral Knees is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that hyaluronic acid injections are appropriate if the patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months and if there is documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. The documentation indicates that the patient has chondromalacia patella for which hyaluronic acid injections are not indicated for. There are no objective radiographic images of severe osteoarthritis. The request for orthovisc injections are not medically necessary.

Pain Management Consultation for Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Pain Management Consultation for Lumbar Epidural Steroid Injection is not medically necessary per the MTUS Guidelines and the ODG. The MTUS Chronic Pain Medical Treatment Guidelines state that selection of treatment must be tailored for the individual case. Whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. The MTUS ACOEM states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. For epidural steroid injections the MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The documentation is not clear on the rationale for requiring a pain management consultation for a lumbar epidural injection. There is no clear radiculopathy corroborated by physical or imaging/electrodiagnostic testing. Additionally, the documentation is not clear that

the patient has exhausted all conservative methods of treatment prior to attempting an epidural steroid injection. The request for pain management consultation for lumbar epidural steroid injection is not medically necessary.