

<b>Case Number:</b>	CM13-0016280		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	05/02/2011
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 patient is a 60-year-old male who reported a work-related injury on 05/02/2011, as a result of a fall. The patient presents for treatment of the following diagnoses, right lumbosacral radiculitis, right sacroiliac joint pain, right subarticular narrowing at the L3-4 and L4-5, and left paracentral protrusion at the L4-5. The patient is status post right carpal tunnel release as of 01/12/2013, right knee arthroscopy revision partial meniscectomy chondroplasty medial compartment 09/25/2012, left shoulder surgery times 3 last having been performed in 2009, right shoulder surgery in 2000. The clinical note dated 05/30/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient continues to present with lumbar spine pain complaints. The provider documents the patient is status post an L4-5 epidural injection as of 04/04/2013. The provider documented this resolved his leg pain. Upon physical exam of the patient, he had no gait disturbances, he could heel toe walk, forward flexion was to the mid tibia, extension 50% of normal. The patient had minimal tenderness to palpation of the low back area and mild tenderness with lumbar extension and lumbar rotation. The provider documented MRI of the patient's lumbar spine dated 09/09/2011 was reviewed, which revealed at the L3-4 level a mild right subarticular narrowing. At L4-5, there was a small central protrusion and mild right subarticular narrowing. L5-S1 was essentially normal aside from a small annular tear. The provider documented plan of treatment for the patient, which included a recommendation of a series of diagnostic injections to identify the source of the patient's pain. The provider documents the patient underwent epidural steroid injection which took away his right leg pain, the patient reports right sacroiliac joint pain and the provider requested authorization for a right SI joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Diagnostic Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The clinical documentation submitted for review evidences the patient has undergone multiple injections status post a work-related injury sustained in 05/2011. The patient was seen under provider [REDACTED] who recommended diagnostic injections for the patient; however, the provider does not expand specifically on a rationale as far as what injections he is specifically requesting. The California MTUS/ACOEM indicates, "Invasive techniques, i.e., local injections, facet injections of cortisone and lidocaine are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." Given the lack of documentation evidencing a rationale for the specific diagnostic injection, the request for outpatient diagnostic injection is not medically necessary or appropriate.