

<b>Case Number:</b>	CM15-0037485		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/01/1993
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old male who sustained an industrial injury on 8/1/93. The injured worker reported symptoms in the right knee. The diagnoses included cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy, thoracic spine sprain/strain syndrome with spondylolisthesis at T9-10, lumbar degenerative disc disease with facet arthropathy and foraminal narrowing and associated bilateral lower extremity radiculopathy, bilateral peroneal neuropathy, bilateral knee internal derangement right greater than left, left ankle traumatic arthritis. Treatments to date include epidural steroid injection, stretching, physical therapy, nonsteroidal anti-inflammatory drugs, oral muscle relaxants, oral pain medications. In a progress note dated 1/15/15 the treating provider reports the injured worker was with "tenderness to palpation along the posterior cervical musculature bilaterally with decreased range of motion."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee Intra-Articular Diagnostic injection 2 1/2cc lidocaine 1 percent-Marcaine 0.5:**  
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 and Leg/Corticosteroid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) chapter, Corticosteroid injections.

**Decision rationale:** This patient has a date of injury of 08/01/1993 and presents with continued complaints of left knee pain. The current request is for LEFT KNEE INTRA-ARTICULAR DIAGNOSTIC INJECTION 2 CC LIDOCAINE 1 PERCENT MARCAINE 0.5. None of the guidelines specifically discuss diagnostic knee injection with local anesthetic. ODG Pain chapter under injections, "Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." The ODG Guidelines, Knee & Leg (Acute & Chronic) chapter, discusses cortisone knee injections under Corticosteroid injections, supporting it for severe osteoarthritis. Review of the medical file indicates that the patient's treatment history includes Synvisc and cortisone injections. The treater does not explain what why he wants to try lidocaine diagnostic injection. The patient already has had both cortisone and Synvisc injections. None of the guidelines discuss diagnostic injections for the knee. The patient most recently received a cortisone injection in January of 2014. It was noted that the injection provided relief for approximately 3 weeks. There is no imaging provided in the medical file. Review of AME report dated 01/17/2014 indicates the patient had a right knee MRI in 2010 but there is no discussion regarding any imaging for the left knee. In this case, recommendation for left knee lidocaine injection cannot be supported as there is no support from the guidelines. This request IS NOT medically necessary.