

<b>Case Number:</b>	CM14-0069817		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/26/1999
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 59-year-old male with a 10/26/99 date of injury and status post lumbar fusion with revision on 10/16/13. At the time (4/11/14) of request for authorization for Drain/Inject Joint/Bursa, there is documentation of subjective (return of low back pain described as increased and severe, with increased shooting pain down the left leg within hours/days) and objective (decreased lumbar range of motion) findings, current diagnoses (cervical spondylosis, lumbar spine sciatica, thoracic spine spondylosis, and cervical spine radiculopathy), and treatment to date (medications, physical therapy, activity modification, and H-wave). In addition, medical report identifies a request for cortisone injection with fluoroscopy and ultrasound for lumbar sciatica. There is no documentation of radiculopathy (with supportive objective findings) and evidence of a discussion with the patient regarding the risk of systemic steroids

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Drain/Inject Joint/Bursa:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Hip & Pelvis, Sacroiliac Joint Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Corticosteroids (oral/parenteral/IM for low back pain).

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of radiculopathy (with supportive subjective and objective findings) and evidence of a discussion with the patient regarding the risk of systemic steroids, as criteria necessary to support the medical necessity of corticosteroids (oral/parenteral) in the acute phase of low back pain. In addition, ODG identifies documentation of a symptom free period with subsequent exacerbation or evidence of a new injury as criteria necessary to support the medical necessity of corticosteroids (oral/parenteral) in the chronic phase of low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis, lumbar spine sciatica, thoracic spine spondylosis, and cervical spine radiculopathy. In addition, there is documentation of a request for cortisone injection with fluoroscopy and ultrasound for lumbar sciatica. Furthermore, given documentation of subjective findings (return of low back pain described as increased and severe, with increased shooting pain down the left leg within hours/days), there is documentation of radiculopathy (with supportive subjective findings) and a symptom free period with subsequent exacerbation. However, despite documentation of objective findings (decreased lumbar range of motion), there is no documentation of radiculopathy (with supportive objective findings). In addition, there is no documentation of evidence of a discussion with the patient regarding the risk of systemic steroids. Therefore, based on guidelines and a review of the evidence, the request for Drain/Inject Joint/Bursa is not medically necessary.