

<b>Case Number:</b>	CM14-0099771		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/08/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine 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:

The patient is a 51-year-old male with a date of injury of 02/08/2003. The listed diagnoses per [REDACTED] are: 1. Lumbar disk with radiculitis; 2. Degeneration of lumbar disk; and 3. Low back pain. According to progress report 06/12/2014, the patient presents with history of low back radiculopathy. He is status post TFESI in February and his pain was improved for 3 weeks but he noticed more cramping and paresthesias in his legs. He still notes some benefit from the injection. The patient is currently using hydrocodone for pain. Examination revealed restricted range of motion on all planes with increased pain of the lumbar spine. Muscle guarding is noted. Motor strength is 5/5 in the bilateral lower extremities except for 4/5 in the hip flexors bilaterally. Sensory is normal to light touch to the bilateral lower extremities. Straight leg raise is positive on the right with radiating pain to the right knee and calf. The provider is requesting a cortisone injection to level L5 with fluoroscopy and ultrasound. The Utilization review denied the request on 06/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection LS w/flourscopy & US:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The Medical Treatment Utilization Schedule has the following regarding ESI's, under its chronic pain section: Page 46,47 Page(s): 46, 47.

**Decision rationale:** This patient presents with history of low back radiculopathy. The provider is requesting a repeat cortisone injection to level L5 with fluoroscopy and ultrasound. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 4: Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. For repeat injections during therapeutic phase continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with general recommendation of no more than 4 blocks per year. Medical records indicate the patient received an initial injection in 2012 with 50% relief that lasted greater than a few months. The progress report 03/11/2014 indicates the patient had a repeat TFESI in February, which improved for 3 weeks but then noticed more cramping and paresthesias in his legs. In this case, review progress of reports prior to and following the February injection indicates the patient continued with the same medication regimen and dosing which included compounded Hydrocodone 325mg #60. Furthermore, the provider has noted improvement of 3 weeks; the MTUS requires documentation of pain relief of at least 50% for 6 to 8 weeks. Finally, ESI's do not require both fluoroscopy and ultrasound. Therefore, the cortisone injection LS w/fluoroscopy & US is not medically necessary.