

<b>Case Number:</b>	CM15-0008531		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/11/1995
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 44 year old male, who sustained an industrial injury on July 11, 1995. He has reported an injury due to cumulative strenuous work. The diagnoses have included lumbar disc disease with radiculitis, degeneration of lumbar disease, low back pain and hand pain. Treatment to date has included pain medication, acupuncture therapy and chiropractic therapy. An x-ray of the lumbar spine on December 4, 2014 revealed multilevel degenerative changes. Currently, the injured worker complains of low back pain with pain radiating down the bilateral lower extremities and radiation of pain, numbness and tingling down into the left lower extremity calf. The injured worker rated the pain an 8 on a 10-point scale and described the pain as burning, sharp-shooting, tingling, numbness, pinprick, stabbing, deep pressure, tightness and spasms. The pain is aggravated by activity. The evaluating physician On December 24, 2014, Utilization Review non-certified a request for a cortisone injection of the right L4-L5 facet joint under fluoroscopy and ultrasound, noting the evidence of intra-articular injections of local anesthetics and steroids from randomized trials, complemented with that of non-randomized trials provide moderate evidence of short-term relief and limited evidence of long-term relief of chronic neck and low back pain. The California Medical Treatment Utilization Schedule, Official Disability Guidelines, and the ACOEM were cited. On January 15, 2015, the injured worker submitted an application for IMR for review of cortisone injection of the right L4-L5 facet joint under fluoroscopy and ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injection Right L4-L5 facet joint under fluoroscopy and ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low back (updated 11/21/14), Facet joint diagnostic blocks (injections)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Back pain and Corticosteroid injections Intradiscal steroid injections

**Decision rationale:** According to the ODG guidelines, steroid injections are recommended in limited circumstances as noted below for acute radicular pain. Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. In addition, intradiscal steroid injections are not recommended. These injections are meant to help reduce the degree the disc is herniated and producing an inflammatory response, but intradiscal steroid injections do not improve the clinical outcome in patients with discogenic back pain compared with placebo. The ACOEM guidelines state that invasive techniques such as steroid injections are not recommended due to lack of long lasting benefit. In this case, the claimant's symptoms were not acute. There was no indication of a symptom free period. The request for a facet steroid joint injection is not medically necessary.