

<b>Case Number:</b>	CM15-0051126		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 09/23/2013. Current diagnoses include closed fracture of olecranon process of ulna, spine-lumbosacral spondylosis without myelopathy, and pain in joint, pelvic region and thigh. Previous treatments included medication management, physical therapy, and home exercise program. Diagnostic studies included MRI of the lumbar spine and lumbar x-rays. Report dated 02/09/2015 noted that the injured worker presented for a routine follow-up lumbar MRI, which was completed and was consistent with the injured workers back and leg complaints. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included discussion of treatment options, counseled on appropriate self-directed therapy interventions, demonstration of continued home activities, diagnostic studies were reviewed, and plans were made for ongoing treatment and follow-up. Disputed treatment includes cortisone injection for facet joints L4-5, L5-S1 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 for facet joints L4-5, L5-S1 under fluoroscopy and ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**Decision rationale:** The injured worker is a 44-year-old male who sustained an industrial injury on 09/23/2013. Current diagnoses include closed fracture of olecranon process of ulna, spine-lumbosacral spondylosis without myelopathy, and pain in joint, pelvic region and thigh. Previous treatments included medication management, physical therapy, and home exercise program. Diagnostic studies included MRI of the lumbar spine and lumbar x-rays. Report dated 02/09/2015 noted that the injured worker presented for a routine follow-up lumbar MRI, which was completed and was consistent with the injured workers back and leg complaints. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included discussion of treatment options, counseled on appropriate self-directed therapy interventions, demonstration of continued home activities, diagnostic studies were reviewed, and plans were made for ongoing treatment and follow-up. Disputed treatment includes cortisone injection for facet joints L4-5, L5-S1 under fluoroscopy and ultrasound.