

<b>Case Number:</b>	CM14-0218660		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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, with a reported date of injury of 09/23/2013. The results of injury were left forearm fracture, left hip pain, and low back pain. The current diagnoses include closed fracture of the olecranon process of the ulna, lumbosacral spondylosis without myelopathy, and pelvic/thigh joint pain. The past diagnoses include closed fracture of the olecranon process of the ulna, lumbosacral spondylosis without myelopathy, and pelvic/thigh joint pain. Treatments have included left forearm fracture repair on 08/12/2014, Norco, Ultram, Ibuprofen, Hydrocodone-Acetaminophen, an x-ray of the lumbar spine which showed L5-S1 disc space narrowing with spurs, an x-ray of the left arm which showed a fracture, with internal fixation, and an x-ray of the left hip with normal findings. The medical report dated 11/20/2014 indicates that the injured worker's left arm was doing well, but he had ongoing problems with his back. The physical examination included limited flexion of the lumbar spine, because of pain; straight leg raise caused back pain; and low back pain with radicular symptoms. The treating physician did not provide a rationale for the request for a cortisone injection in the lumbar spine facet joint. On 12/04/2014, Utilization Review (UR) denied the request for a cortisone injection with fluoroscopy and ultrasound for the lumbar spine facet joint. The UR physician noted that invasive techniques dealing with the low back are of questionable merit. The ACOEM Guidelines and MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Cortisone Injection with Fluoroscopy and Ultrasound-Lumbar Spine Facet Joint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Low back pain and facet injections

**Decision rationale:** According to the ACOEM guidelines, invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In addition, the ODG guidelines and ACOEM guidelines state that facet joint injections are not recommended. In this case, the need for a facet injection vs multiple alternative therapeutic modalities was not clarified. Based on the guidelines, the facet injection is not medically necessary.