

<b>Case Number:</b>	CM15-0033564		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	01/08/2008
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 66-year-old female, who sustained an industrial injury on January 8, 2008. The injured worker sustained injuries to the right knee, right shoulder, right hip, neck, back and a left metatarsal fracture. The diagnoses have included left ankle osteoarthritis, unspecified disorders of the bursae and tendons of the shoulder region, shoulder impingement, osteoarthritis of the shoulder, cervical spine spondylosis without myelopathy and internal derangement of the knee, unspecified. Treatment to date has included medication, facet blocks, lumbar epidural steroid injections, physical therapy, a transcutaneous electrical nerve stimulation unit and a Cortisone injection to the ankle. Current documentation dated January 29, 2015 notes that the injured worker showed no significant clinical change in symptoms. The injured worker complained of chronic neck pain. She reported that a recent Cortisone injection to the left ankle provided significant relief. Examination of the cervical spine revealed tenderness, crepitis and a decreased range of motion. On February 5, 2015 Utilization Review non-certified a Cortisone Injection (right lumbar four-lumbar five) with ultrasound and fluoroscopy # 1. The MTUS, ACOEM Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection (right L4-5) with ultrasound and fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), National Institutes of Health.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no clear evidence from the physical examination or EMG studies of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. There is no documentation of the efficacy of previous back injections. Therefore, Cortisone injection (right L4-5) with ultrasound and fluoroscopy is not medically necessary.