

Case Number:	CM13-0009863		
Date Assigned:	09/17/2013	Date of Injury:	12/13/2012
Decision Date:	01/27/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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 client is a 57 year old male presenting with low back pain and leg pain following a work related injury on 12/13/2012. The client complains of constant aching in the low back with pain radiating to this mid back area. The client's pain increases with standing, walking and sitting. The client reports that he is not able to perform his daily life activities as a result of his pain. His pain is associated with depression. The client's physical exam is significant for numbness of the lumbar spine up to the buttocks, slight tenderness in the spinous process L3 to L5 as well as the lumbar paravertebral muscles and bilateral sacroiliac joints. MRI of the lumbar spine was significant for L4-5 5mm disc protrusion and L5-S1 3 mm posterior disc osteophyte complex. The client was diagnosed with lumbar disc herniation, sacroiliitis and facet arthropathy. The provider recommended a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L3-L4, L4 -S1 Bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vad, Vijay B. MD, et al. Transforaminal Epidural Steroid Injections in Lumbosacral Radiculopathy: A Prospective Randomized Study Spine, Jan

2002; 27(1) pages 11-15 and Botwin, Kenneth P., et al. Fluoroscopically Guided Lumbar Transforaminal Epidural Steroid Injections

Decision rationale: An epidural steroid injection for the Client's chronic back pain is not medically necessary, as the information provided does not meet the California MTUS criteria. The peer-reviewed medical literature provides evidence for epidural steroid injections in documented cases of nerve root compression or radiculitis. The client's chronic pain condition is not consistent with such a diagnosis. Vad et al. (Spine, Jan 2002) performed a prospective randomized study on transforaminal epidural steroid injections in lumbosacral radiculopathy. The study concluded that fluoroscopically guided transforaminal epidural injections serve as an important tool in the nonsurgical management of lumbosacral radiculopathy secondary to a herniated nucleus pulposus. Botwin et al. (American Journal of Physical Medicine and Rehabilitation, 2002) performed a prospective cohort study to identify the short and long term therapeutic benefit to fluoroscopically guided lumbar transforaminal epidural steroid injections in patients with radicular leg pain from degenerative lumbar stenosis. They found that fluoroscopically guided transforaminal epidural steroid injections may help reduce unilateral radicular pain and improve standing and walking tolerance in patients with lumbar degenerative spinal stenosis.