

Case Number:	CM13-0040337		
Date Assigned:	12/20/2013	Date of Injury:	06/08/2009
Decision Date:	02/11/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/03/2013

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 Pain Management, has a subspecialty in Disability evaluation and is licensed to practice in California, Maryland, Florida and Washington, DC. 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 patient is a 45-year-old obese male who was injured on 06/08/09 while working as a deliverer. The mechanism of injury and involved body part/s were not stated. The current diagnoses are facet joint syndrome and lumbar radiculitis, status post surgery. A request was made for a transforaminal lumbar ESI at L4-L5. He was managed with medications, TENS, unspecified treatments, lumbar ESI, and lumbar laminectomy. He had a lumbar laminectomy as right L4 in 2009. A lumbar MRI by [REDACTED] on 10/14/10 disclosed facet degenerative changes at L3-L4 with bilateral neuroforaminal narrowing; laminectomy changed at L4-L5 with bilateral neuroforaminal narrowing, central stenosis, and scarring on the right side of the thecal sac. Physical therapy was commenced on 08/23/10 by [REDACTED] for a work program over a four weeks time. [REDACTED] saw him again after having completed this work hardening program on 11/8/10. He could forward flex to 90 degrees. He continued physical therapy from 7/28 through 11/2/2008, improvement was noted. Plain films by [REDACTED] on 04/11/12 revealed degenerative disc disease of the mid lower lumbar spine. He received a lumbar ESI at right L4-L5 under anesthesia on 08/06/13. He presented on 08/30/13 with low back pain graded 6-10/10 on VAS; the pain radiates to the right leg. He was taking Norco at that time. The patient claimed that prior ESIs did not help in reducing the pain. Lumbar examination showed a healed surgical scar, 70 degree flexion, no tenderness, full strength, decreased sensation over the left anterior aspect of the right thigh, and negative straight leg raise test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid Injection Page(s): 46.

Decision rationale: The Physician Reviewer's decision rationale: CA-MTUS (Effective July 18, 2009) page 46 of 127, stipulates that "the purpose of Epidural Steroid Injections (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit". Occupational Medicine Treatment Guidelines (page 300) stated "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery.