

Case Number:	CM13-0049223		
Date Assigned:	12/27/2013	Date of Injury:	08/27/1996
Decision Date:	04/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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/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:

This patient is a 57-year-old with date of injury on August 27, 1996. The mechanism of injury is not stated in the available medical records. The patient has had chronic low back pain since the date of injury with pain radiating into the lower extremities. He has had a lumbar spine discectomy and has been treated with physical therapy and medications. An MRI of the lumbar spine performed in September of 2012 revealed diffuse degenerative joint disease and neuroforaminal stenosis at L4-S1. Objective: diffuse tenderness to palpation of the lumbar paraspinal musculature, positive sciatic tension test. Diagnoses: lumbar spinal stenosis with radiculitis. Treatment plan and request: epidural corticosteroid injection at L3-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI) AT L3-L4, L4-L5, AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This 57-year-old has complained of chronic lower back pain since date of injury August 27, 1996. The patient has been treated with surgery, physical therapy and medications. The current request is for epidural corticosteroid injections at levels L3-4, L4-5, L5-S1. According to the Chronic Pain Medical Treatment Guidelines, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. The request for a transforaminal ESI at L3-L4, L4-L5, and L5-S1, is not medically necessary or appropriate.