

Case Number:	CM13-0009126		
Date Assigned:	10/11/2013	Date of Injury:	01/09/2013
Decision Date:	01/30/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/08/2013

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 Addiction and Toxicology, has a subspecialty in Pediatrics and is licensed to practice in New York. 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 sustained an injury on January 9, 2013. A forklift hit her in the left hip. The patient has hip pain and back pain. She has had back surgeries, epidural steroid injections and various modes of pharmacological management. The treatment in dispute is a repeat Lumbar L5-S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural injection (ESI): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Conn A, Buenaventura RM, Datta S, Abdi S, Diwan S. Systematic review of caudal epidural injections in the management of chronic low back pain. Pain Physician. 2009 Jan-Feb;12(1):109-35.

Decision rationale: Epidural steroid injection as per MTUS guidelines and as per evidence does not provide pain relief more than 3 months. There is a lack of support for a second epidural steroid injection if the first is not effective. With fluoroscopic guidance, there is little support to do a second epidural if there is no response to the first injection. There is little to no guidance in

current literature to suggest the basis for the recommendation of a third ESI, and the routine use of this practice is not recommended. Literature recommends caudal epidural injections for the management of chronic low back pain of postlumbar laminectomy syndrome and spinal stenosis. As per the note, the patient had a laminectomy, and guidelines state a repeat ESI is not indicated. Also the patient had previous ESIs, and the percentage in pain reduction and duration of pain relief was not documented. This is crucial information to make the decision for medical necessity, therefore the request for a repeat Epidural Steroid Injection is not medically necessary and appropriate.