

Case Number:	CM13-0009477		
Date Assigned:	11/01/2013	Date of Injury:	07/21/2011
Decision Date:	04/25/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/09/2013

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 Occupational Medicine, and is licensed to practice in California. 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:

According to the records made available for review, this is a 43-year-old female with a 7/21/11 date of injury. At the time of request for authorization (5/30/13) for lumbar epidural steroid injection L4-L5 and L5-S1, there is documentation of subjective (lumbar spine pain radiating to the bilateral lower extremities) and objective (tenderness in the paravertebral area with limitation in flexion and extension with muscle guarding noted on range of motion, straight leg raising test was positive bilaterally), current diagnoses (lumbosacral musculoskeletal ligamentous sprain/strain and lumbar disc bulges at L4- L5 and L5-S1), and treatment to date (lumbar epidural steroid injection with great results). There is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection, decreased need for pain medications, and functional response.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for use of Epidural Steroid Injections Page(s): 4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, Epidural Steroid Injections (ESIs).

Decision rationale: The MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. The ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbosacral musculoskeletal ligamentous sprain/strain and lumbar disc bulges at L4-L5 and L5-S1. However, despite documentation of a previous lumbar epidural steroid injection with an unquantified (great results) response, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection. In addition, there is no documentation of decreased need for pain medications and functional response. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural steroid injection L4-L5 and L5-S1 is not medically necessary.