

Case Number:	CM13-0020003		
Date Assigned:	02/12/2014	Date of Injury:	10/26/2007
Decision Date:	04/22/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/04/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 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:

According to the records made available for review, this is a 58-year-old with a October 26, 2007 date of injury. At the time (June 21, 2013) of request for authorization for repeat bilateral transforaminal LESI L4-L5, and L5-S1, there is documentation of subjective (number of medical problems which are ongoing) and objective (decreased lumbar flexion and positive straight leg raise) findings, current diagnosis (L4-L5 and L5-S1 radiculopathy), and treatment to date (epidural steroid injection). 1/24/13 medical report identifies that "I have gotten the authorization for her epidural steroids injection and during this appointment called [REDACTED] urging him to get this done ASAP." May 25, 2013 medical report identifies a prior selective transforaminal epidural steroid injection. There is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT BILATERAL TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION (LESI) 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid Injections Chapter, as well as the California Code of Regulations, Title 8, Section 9792.20

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous epidural steroid injection. 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 a diagnosis of L4-L5 and L5-S1 radiculopathy. In addition, given documentation of medical reports' treatments plans that include epidural steroid injections, and the requested authorization for repeat bilateral transforaminal LESI L4-L5, and L5-S1, there is documentation of previous epidural steroid injection. However, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection. The request for a repeat bilateral transforaminal LESI at L4-L5 and L5-S1 is not medically necessary or appropriate.