

Case Number:	CM13-0021723		
Date Assigned:	01/31/2014	Date of Injury:	01/06/2003
Decision Date:	04/15/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/09/2013

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 Preventive 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 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 reported a 1/6/03 date of injury. At the time of the request (8/21/13) for authorization for Lumbar Epidural Steroid Injection For L1-L2 with Flouroscopy, there is documentation of subjective (continued low back pain that radiates to the posterior thigh) and objective (noted to be unchanged) findings, current diagnoses (lumbar stenosis and disc protrusion), and treatment to date (L1-L2 epidural steroid injection with sufficient relief). There is no documentation of at least 50-70% pain relief for six to eight weeks following previous L1-L2 epidural steroid injection. IMR DECISION(S) AND RATIONALE(

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION FOR L1-L2 WITH FLOUROSCOPY:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: 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. 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 stenosis and disc protrusion. However, despite documentation of a previous lumbar epidural steroid injection at L1-2 with sufficient relief, there is no documentation of at least 50-70% pain relief for six to eight weeks. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Epidural Steroid Injection For L1-L2 with Flourosocopy is not medically necessary.