

Case Number:	CM13-0023996		
Date Assigned:	01/03/2014	Date of Injury:	10/17/2012
Decision Date:	03/17/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine and Rehabilitation, 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 70-year-old male with a 10/17/12 date of injury. At the time of request for authorization for repeat right lumbar transforaminal epidural steroid injection at L3-L4, there is documentation of subjective (persistent pain in the right leg and hip region) and objective (antalgic gait to the right and pain with lumbar flexion and extension) findings, current diagnoses (lumbar spondylosis), and treatment to date (activity modification, epidural steroid injection, and medications). 8/21/13 medical report indicates that the patient previously had a right L3 and L4 transforaminal epidural steroid injection and that for one and half to two weeks, she had significant improvement in pain, where she was able to reduce her pain medication. There is no documentation of at least 50-70% pain relief for six to eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right lumbar transforaminal epidural steroid injection at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 a diagnosis of lumbar spondylosis. However, despite documentation of a previous right L3 and L4 transforaminal epidural steroid injection with significant improvement in pain for one and half to two weeks and reduction in the patient's pain medication, 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 repeat right lumbar transforaminal epidural steroid injection at L3-L4 is not medically necessary.