

Case Number:	CM13-0045246		
Date Assigned:	12/27/2013	Date of Injury:	03/03/2001
Decision Date:	12/17/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/01/2013

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 55-year-old female with a 3/3/01 date of injury. At the time (10/18/13) of Decision for Transforaminal Lumbar Epidural Steroid Injection at L5-S1 and S1-S2 (right side), there is documentation of subjective (back pain radiating to the bilateral lower extremities) and objective (restricted range of motion of the lumbar spine, tenderness to palpation over the lumbar paravertebral muscles, and decreased sensation to light touch over the lateral calf bilaterally) findings, current diagnoses (lumbar facet syndrome, post lumbar laminectomy syndrome, lumbar radiculopathy, and piriformis syndrome), and treatment to date (lumbar epidural steroid injection and medications). 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 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION AT L5-S1 AND S1-S2 (RIGHT SIDE): Upheld

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

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: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (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. Official Disability Guidelines (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 lumbar facet syndrome, post lumbar laminectomy syndrome, lumbar radiculopathy, and piriformis syndrome. In addition, 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 epidural steroid injection. Therefore, based on guidelines and a review of the evidence, the request for Transforaminal Lumbar Epidural Steroid Injection at L5-S1 and S1-S2 (right side) is not medically necessary.