

Case Number:	CM13-0052203		
Date Assigned:	12/27/2013	Date of Injury:	06/22/2009
Decision Date:	03/10/2014	UR Denial Date:	11/02/2013
Priority:	Standard	Application Received:	11/15/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 75 year old male with a 6/22/09 date of injury. At the time of request for authorization for lumbar epidural steroid injection, there is documentation of subjective (low back pain radiating to the left leg with numbness and tingling) and objective (decreased lumbar range of motion, positive straight leg raise, positive sciatic notch tenderness, decreased motor strength over extensor hallucis longus and right gastrocnemius, decreased Achilles deep tendon reflexes, and decreased sensation over the L5 and S1 dermatomes) findings, current diagnoses (spinal stenosis, radiculopathy, and lower back pain), and treatment to date (transforaminal epidural steroid injections at L4-5 and L5-S1 on 2/14/12 and 7/10/12 with 50% pain relief for 1 month (per 11/2/13 utilization review determination)). There is documentation of a request for an epidural injection at L4-5. There is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: 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)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation 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 spinal stenosis, radiculopathy, and lower back pain. However, given documentation of previous lumbar epidural steroid injections with 50% pain relief for 1 month, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection. Therefore, based on guidelines and a review of the evidence, the request for 1 lumbar epidural steroid injection is not medically necessary.