

Case Number:	CM13-0052376		
Date Assigned:	12/27/2013	Date of Injury:	08/18/1997
Decision Date:	03/10/2014	UR Denial Date:	10/18/2013
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 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 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, the patient is a 36-year-old with an 8/18/97 date of injury. At the time of request for authorization for lumbar epidural injection L5-S1, there is documentation of subjective (low back pain with shooting pain to the anterior right thigh, knee, and right great toe) and objective (restricted lumbar range of motion, tenderness to palpation and tight muscle band noted on the right side, 4/5 motor strength over the right lower extremity, and decreased sensation over the lateral and medial foot as well as lateral calf and thigh on the right) findings, current diagnoses (lumbosacral disc degeneration), and treatment to date (multiple lumbar epidural steroid injections at L4-L5 with 50% pain relief and at L5-S1 with 70% pain relief for a couple of weeks, as well as more mobility, active at work, and improvement with walking longer distances; physical therapy; and medications). 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 at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. The ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than four 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 lumbosacral disc degeneration. However, given documentation of a previous lumbar epidural steroid injection at L5-S1 with 70% pain relief for a couple of weeks, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection. The request for a lumbar epidural steroid injection at L5-S1 is not medically necessary or appropriate.