

Case Number:	CM13-0053323		
Date Assigned:	12/30/2013	Date of Injury:	06/19/2009
Decision Date:	04/29/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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 66-year-old female with a 6/19/09 date of injury, and status post L3-4 fusion 8/9/10. At the time (10/29/13) of request for authorization for right lumbar epidural injection at the level of L4-L5 and L5-S1 under fluoroscopic guidance, there is documentation of subjective (low back pain and left leg pain, paresthesia, and weakness) and objective (none specified) findings, current diagnoses (post-laminectomy syndrome with right leg radiculopathy and chronic pain syndrome), and treatment to date (ESI L4-L5 and L5-S1 with reported greater than 50% relief for more than six months). There is no documentation of objective findings consistent with radiculopathy as well as decreased need for pain medications, and functional response following previous ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LUMBAR EPIDURAL INJECTION AT THE LEVEL OF L4-L5 AND L5-S1 UNDER FLUOROSCOPIC GUIDANCE: 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 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) Official Disability Guidelines 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 post-laminectomy syndrome with right leg radiculopathy and chronic pain syndrome. In addition, there is documentation of a prior Epidural Steroid Injection with reported greater than 50% relief for more than six months. However, there is no documentation of objective findings consistent with radiculopathy as well as decreased need for pain medications, and functional response following previous ESI. Therefore, based on guidelines and a review of the evidence, the request for right lumbar epidural injection at the level of L4-L5 and L5-S1 under fluoroscopic guidance is not medically necessary.