

Case Number:	CM13-0064197		
Date Assigned:	01/03/2014	Date of Injury:	12/02/2011
Decision Date:	03/24/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 Occupational Medicine 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 35 year old male with a 12/2/11 date of injury. At the time of request for authorization for Lumbar ESI (L5-S1 and S1), there is documentation of subjective (right lower extremity radiculopathy at the S1 level) and objective (tenderness to palpation about the lumbar paravertebral musculature; and decreased sensation in the postero-lateral thigh, postero-medial calf, and sole of the foot in the S1 distribution on the right) findings, current diagnosis (right lower extremity radiculopathy in the S1 distribution), and treatment to date (lumbar ESI with 50% pain relief for six to eight weeks following previous injection, with decrease in medication use and increased activity of daily living (11/15/13 medical report).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI (L5-S1 and S1): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

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 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 a diagnosis of right lower extremity radiculopathy in the S1 distribution. In addition, there is documentation of a previous lumbar ESI with 50% pain relief for six to eight weeks following previous injection, with decreased need for pain medications, and functional response (11/15/13 medical report). Therefore, based on guidelines and a review of the evidence, the request for Lumbar ESI (L5-S1 and S1) is medically necessary.