

Case Number:	CM13-0065406		
Date Assigned:	01/03/2014	Date of Injury:	03/22/2011
Decision Date:	05/19/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation 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, the patient is a 67-year-old male with a 3/22/11 date of injury. There is documentation of subjective low back pain radiating into the left leg, and objective findings of facet tenderness, positive straight leg raise, and mildly antalgic gait. Current diagnoses include post-laminectomy syndrome, lumbosacral radiculitis, Sciatica, lumbosacral spondylosis, and lumbago, and treatment to date includes physical therapy, epidural steroid injection on 5/8/13 with improvement, medial branch blocks, rhizotomies, chiropractic treatment, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION, AT LEFT L4-L5, L5-S1:

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) Low Back, Epidural Steroid Injections (ESIs).

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. The 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 post-laminectomy syndrome, lumbosacral radiculitis, Sciatica, lumbosacral spondylosis, and lumbago. In addition, there is documentation of a previous epidural steroid injection with improvement. However, despite documentation of improvement with previous epidural steroid injection, there is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response following previous injection. The request for transforaminal epidural steroid injection, at left L4-L5, L5-S1 is not medically necessary and appropriate.