

Case Number:	CM13-0065916		
Date Assigned:	01/08/2014	Date of Injury:	08/30/2000
Decision Date:	05/20/2014	UR Denial Date:	11/15/2013
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, this is a 52-year-old male with an 8/30/00 date of injury and status post lumbar fusion at L4-L5 and L5-S1 in 2006. At the time (10/18/13) of request for authorization for bilateral L5-S1 lumbar epidural steroid injection (LESI), there is documentation of subjective (low back pain radiating down the back of the left lower extremity to the foot with numbness; and difficulty performing activities of daily living) and objective (tenderness in the midline of the lower lumbar spine, decreased lumbar range of motion, 4/5 strength in all muscle groups of the bilateral lower extremities, and decreased sensation along the posterior right leg, lateral left thigh and lateral left leg) findings, current diagnoses (lumbar degenerative disc disease), and treatment to date (bilateral L5-S1 transforaminal epidural steroid injection on 3/13/13 and 8/21/13 with significant relief, medication, activity modification, and physical modalities). There is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response with previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5-S1 LUMBAR EPIDURAL STEROID INJECTION (LESI): 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. 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 lumbar degenerative disc disease. In addition, there is documentation of previous lumbar epidural steroid injection at L5-S1 performed on 8/21/13. However, despite documentation of significant pain relief with previous injection, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response with previous injection. Therefore, based on guidelines and a review of the evidence, the request for bilateral L5-S1 lumbar epidural steroid injection (LESI) is not medically necessary.