

Case Number:	CM13-0068346		
Date Assigned:	01/08/2014	Date of Injury:	02/12/1997
Decision Date:	04/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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, 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:

The patient is a female with the date of injury of February 12, 1997. A Utilization Review (UR) determination dated November 27, 2013 recommends non-certification of lumbar epidural steroid injections under fluoroscopy. The previous reviewing physician recommended non-certification of lumbar epidural steroid injections under fluoroscopy due to lack of documentation of the results after previous ESI, medication reduction obtained, what her current findings are, and if she is having a flare of pain or is still comfortable. A Change in Provider Report dated November 13, 2013 identifies that the patient continues to have problems with back pain. She did very well with her last epidural steroid injection, which was performed on September 5, 2013. Objective Findings identify she is less tender in the central lumbosacral area. Assessment identifies moderate-to-severe right L3-L4 and right L4-L5 foraminal stenosis and history of lumbar discectomy and history of spinal cord stimulator placement. Plan identifies request authorization for a lumbar epidural steroid injection to be used only for flare of leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTIONS UNDER FLUOROSCOPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for lumbar epidural steroid injections under fluoroscopy, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, despite mention that the patient did very well with her last epidural steroid injection, which was performed on September 5, 2013, there is no indication of at least 50% pain relief with associated reduction of medication use for six to eight weeks. In the absence of such documentation, the currently requested lumbar epidural steroid injections under fluoroscopy are not medically necessary.