Case Number:	CM13-0068518		
Date Assigned:	03/03/2014	**Date of Injury:**	06/03/2009
Decision Date:	05/27/2014	**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 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 50-year-old female with a 6/3/09 date of injury. At the time (9/12/13) of request for authorization for lumbar epidural steroid injection, there is documentation of subjective (low back pain radiating down the left lower extremity to the foot) and objective (decreased lumbar spine range of motion, left lumbar paravertebral muscle tenderness, and positive straight leg raise test on the left) findings, current diagnoses (low back and left leg pain consistent with lumbar radiculopathy and lumbar disc herniation), and treatment to date (lumbar epidural steroid injection with subsequent complete relief of all back and leg pain following the injection, that patient was able to discontinue all medication, and return to functional work capacity for eight months). Medical report identifies a request for repeat lumbar epidural steroid injection at L5-S1. There is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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 diagnoses of low back and left leg pain consistent with lumbar radiculopathy and lumbar disc herniation. In addition, there is documentation of a previous lumbar epidural steroid injection with subsequent complete relief of all back and leg pain following the injection, that patient was able to discontinue all medication, and return to functional work capacity for eight months. However, despite documentation of complete relief in pain for eight months, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural steroid injection is not medically necessary.