

Case Number:	CM13-0070178		
Date Assigned:	01/08/2014	Date of Injury:	07/15/2008
Decision Date:	06/05/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/24/2013

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 55-year-old male with a 7/15/08 date of injury. At the time (8/21/13) of request for authorization for 1 repeat lumbar epidural steroid injection left L4-5, there is documentation of subjective (low back pain with increased left leg pain) and objective (positive straight leg raise on the left, weakness of the left anterior tibialis, and decreased sensation in the left L5 distribution) findings, current diagnoses (lumbago, degenerative disc disease, and lumbosacral radiculopathy), and treatment to date (lumbar epidural steroid injection at left L4-5 on 4/11/13 with greater than 60% improvement of pain for several months). There is no documentation of decreased need for pain medications and functional response following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REPEAT LUMBAR EPIDURAL STEROID INJECTION LEFT L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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: Low Back Complaints 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 lumbago, degenerative disc disease, and lumbosacral radiculopathy. In addition, there is documentation of objective radiculopathy. Furthermore, given documentation of a previous lumbar epidural injection on 4/11/13 with greater than 60% improvement in pain for several months, there is documentation of at least 50-70% pain relief for six to eight weeks following previous injection. However, there is no documentation of decreased need for pain medications and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for 1 repeat lumbar epidural steroid injection left L4-5 is not medically necessary.