

Case Number:	CM14-0006791		
Date Assigned:	02/07/2014	Date of Injury:	12/09/1999
Decision Date:	06/23/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/17/2014

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 & 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 67-year-old female with a December 9, 1999 date of injury. At the time of request for authorization for transforaminal lumbar epidural steroid injections at the left L4-5 and left L5-S1, there is documentation of subjective increased bilateral low back pain rated as 10 out of 10 radiating to the bilateral lower extremities with numbness and tingling, and difficulty performing activities of daily living. There is also objective decreased lumbar range of motion, spasms and tenderness along the bilateral lumbar musculature, positive straight-leg raise at bilateral L5, decreased sensation along the bilateral L4 and L5 root distribution, and weakness on ankle dorsiflexion of the right side. The current diagnosis includes lumbar post-laminectomy syndrome, lumbar radiculopathy, lumbar stenosis and lumbar discogenic pain. The treatment to date was lumbar epidural steroid injections at bilateral L5 on August 21, 2013 with significant pain relief, less medication usage and functional improvements; physical modalities; medications; and activity modification. In addition, medical report plan identifies a request for repeat lumbar epidural steroid injection. 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:

TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTIONS AT THE LEFT L4-5 AND LEFT L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIS),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE , LOW BACK COMPLAINTS , 300

Decision rationale: The California MTUS Guideline 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 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 lumbar post-laminectomy syndrome, lumbar radiculopathy, lumbar stenosis, and lumbar discogenic pain. In addition, there is documentation of previous lumbar epidural steroid injections at bilateral L5 on August 19, 2013. In addition, given documentation of less medication usage and functional improvements, there is documentation of decreased need for pain medications and functional response following previous injection. 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 following previous injection. Therefore, based on guidelines and a review of the evidence, the request for transforaminal lumbar epidural steroid injections at the left L4-5 and left L5-S1 is not medically necessary.