

Case Number:	CM14-0007517		
Date Assigned:	02/10/2014	Date of Injury:	09/17/2010
Decision Date:	07/21/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 55-year-old male who has submitted a claim for lumbar radiculitis, lumbosacral spondyloarthritis, and lumbar intervertebral disc degeneration associated with an industrial injury date of September 17, 2010. The medical records from 2012 to 2014 were reviewed. The patient complained of chronic lower back pain with radiation to the hip and buttock. The physical examination showed loss of lumbar lordosis and diminished patellar and Achilles reflexes bilaterally. There was no imaging studies included in the medical records. The treatment to date has included NSAIDs, opioids, muscle relaxants, aquatic physical therapy, TENS, and lumbar epidural steroid injection L5-S1. The utilization review from January 8, 2014 denied the request for lumbar epidural steroid injection L5-S1 due to lack of documentation of previous lumbar epidural steroid injection outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page 46 Page(s): 46.

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

Decision rationale: According to page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; unresponsiveness to conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. In this case, the patient was noted to have had several lumbar epidural steroid injections. Patient reported improvement of symptoms after an epidural steroid injection at L5-S1 last May 13, 2013. However, there were no documentation of subjective quantification of pain relief and duration. In addition, no imaging studies showing nerve root pathology were included in the medical records. Lastly, the request failed to indicate the laterality of the procedure. Therefore, the request for lumbar epidural steroid injection L5-S1 is not medically necessary.