

Case Number:	CM14-0015359		
Date Assigned:	02/28/2014	Date of Injury:	06/01/2011
Decision Date:	06/27/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/06/2014

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 41-year-old male with a 6/1/11 date of injury. At the time (1/15/14) of the request for authorization for third epidural steroid injection at the left L5-S1 under fluoroscopy and IV sedation, there is documentation of subjective (low back pain that radiates to the bilateral lower extremities with associated numbness) and objective (muscle spasm is noted upon palpation of the lumbar spine musculature, pain on range of motion is noted in the lumbar spine, sensation is decreased L4 bilaterally) findings, current diagnoses (lumbar disc syndrome without myelopathy, radicular syndrome lower extremity, sprain/strain of bilateral sacroiliac joints, status post spine surgery at L5-S1, and failed back syndrome), and treatment to date (2 previous epidural steroid injections). There is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection, as well as decreased need for pain medications, and functional response.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRD EPIDURAL STEROID INJECTION AT THE LEFT L5-S1 UNDER FLUOROSCOPY AND IV SEDATION: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

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 lumbar disc syndrome without myelopathy, radicular syndrome lower extremity, sprain/strain of bilateral sacroiliac joints, status post spine surgery at L5-S1, and failed back syndrome. In addition, there is documentation of two previous epidural steroid injections. However, there is no documentation of at least 50-70% pain relief for six to eight weeks with prior injection, as well as decreased need for pain medications, and functional response. Therefore, based on guidelines and a review of the evidence, the request for third epidural steroid injection at the left L5-S1 under fluoroscopy and IV sedation is not medically necessary.