

Case Number:	CM14-0153654		
Date Assigned:	09/23/2014	Date of Injury:	11/15/2007
Decision Date:	10/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 54-year-old female with an 11/15/07 date of injury. At the time (7/714) of request for authorization for Injection left sided L3-L4 and L5-S1, there is documentation of subjective complaints are neck and low back pain radiating to left lower extremity. The objective findings include positive straight leg raise on left side. The current diagnoses include thoracic or lumbosacral neuritis, lumbago, brachial neuritis, lumbar radiculopathy secondary to spinal stenosis, and L3-L5 and L5-S1 degenerative disc disease. Treatments to date are previous transforaminal lumbar epidural steroid injection, physical therapy, and medications. The 8/15/14 medical report identifies that pain decreased to 7/10 on the pain scale and the patient had an acceptable level of pain control for approximately 3 weeks with previous lumbar epidural steroid injection. There is no documentation of at least 50-70% pain relief for six to eight weeks, as well as 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:

Injection left sided L3-L4 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, (ESIs).

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. Official Disability Guidelines (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 thoracic or lumbosacral neuritis, lumbago, brachial neuritis, lumbar radiculopathy secondary to spinal stenosis, and L3-L5 and L5-S1 degenerative disc disease. In addition, there is documentation of a previous lumbar epidural steroid injection. However, despite documentation of pain decreased to 7/10 for approximately 3 weeks following previous injection, there is no (clear) documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for injection left side L3-L4 and L5-S1 is not medically necessary.