

Case Number:	CM14-0155939		
Date Assigned:	09/25/2014	Date of Injury:	05/07/2013
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/23/2014

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 31-year-old male with a 5/7/13 date of injury. At the time (6/27/14) of request for authorization for therapeutic injections for the lumbar/low back, there is documentation of subjective (moderate to severe low back pain with shooting pain down the posterior aspect of the right leg) and objective (tenderness to palpation over the paralumbar musculature at L5-S1, pain with forward flexion and extension in the lumbar spine, positive straight leg raise test, and decreased sensation in the right lower extremity at the S1 nerve root distribution) findings, imaging findings (MRI of the lumbar spine (8/12/13) report revealed disk desiccation with a 3-4mm central and slightly right-sided disk protrusion noted at the L5-S1 level, which abuts but does not compress the ventral aspect of the thecal sac as well as the emerging right S1 nerve root), current diagnoses (low back pain, herniated lumbar disc, and lower extremity radiculitis), and treatment to date (lumbar epidural injections x2 (undated), medications, physical therapy, and activity modification). 8/1/14 medical report identifies a request for lumbar epidural steroid injection at L5-S1. In addition, 9/19/14 medical report identifies a request for the patient's third 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 injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Injections for the Lumbar/Low Back: 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: 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 low back pain, herniated lumbar disc, and lower extremity radiculitis. In addition, there is documentation of 2 previous lumbar epidural steroid injections with a request for repeat injection at L5-S1. However, 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 injections. Therefore, based on guidelines and a review of the evidence, the request for therapeutic injections for the lumbar/low back is not medically necessary.