

Case Number:	CM14-0178256		
Date Assigned:	10/31/2014	Date of Injury:	01/05/1993
Decision Date:	12/08/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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 55-year-old female with a 1/5/93 date of injury. At the time (8/20/14) of the request for authorization for repeat LESI, lumbar spine, there is documentation of subjective (low back pain, hip pain, numbness, and weakness) and objective (tenderness to palpation lumbar paraspinals, decreased lumbar spine range of motion, sciatic notch tenderness is present on the right, sensation is decreased in the right lower extremity) findings, current diagnoses (osteoarthritis unspecified, generalized osteoarthritis unspecified site, lumbago, other acute reactions to stress, unspecified hypothyroidism, thoracic/lumbosacral neuritis/radiculitis unspecified, and postlaminectomy syndrome lumbar region), and treatment to date (epidural steroid injections with greater than 80% pain relief and functional improvement with decreased medication requirements lasting greater than 3-5 months). There is no specific documentation of a description of the functional improvement obtained with previous injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat LESI, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. 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 osteoarthritis unspecified, generalized osteoarthritis unspecified site, lumbago, other acute reactions to stress, unspecified hypothyroidism, thoracic/lumbosacral neuritis/radiculitis unspecified, and postlaminectomy syndrome lumbar region. In addition, there is documentation of previous epidural steroid injections with greater than 80% pain relief and functional improvement with decreased medication requirements lasting greater than 3-5 months. However, despite a nonspecific documentation of functional improvement with previous epidural steroid injections, there is no specific (return to work, activity level and duration) documentation of a description of the functional improvement obtained with previous injections. Therefore, based on guidelines and a review of the evidence, the request for repeat LESI, lumbar spine is not medically necessary.