

Case Number:	CM14-0182647		
Date Assigned:	11/07/2014	Date of Injury:	11/18/2013
Decision Date:	12/26/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/03/2014

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 and Rehabilitation, 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:

This is a female patient with the date of injury of November 18, 2013. A Utilization Review dated October 6, 2014 recommended modification of lumbar epidural steroid injection under fluoroscopy L5-S1 to lumbar epidural steroid injection under fluoroscopy left L5-S1. A follow up evaluation dated August 21, 2014 identifies complaints of continued low back pain, mostly located on the left side with occasional pain that radiates into her left leg. Physical Examination identifies tenderness to palpation bilaterally about the lumbar paraspinal musculature. Active voluntary range of motion of the thoracolumbar spine was limited. The patient was able to forward flex to approximately 45 degrees and extend to 10 degrees before experiencing low back pain. Lateral bending was limited to 15 degrees in either direction. The diagnoses are not identified. The treatment plan includes an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection under Fluoroscopy L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 08/22/14), Fluoroscopy for ESI's

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for lumbar epidural steroid injection under fluoroscopy L5-S1, MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested lumbar epidural steroid injection under fluoroscopy L5-S1 is not medically necessary.