

Case Number:	CM14-0184768		
Date Assigned:	11/12/2014	Date of Injury:	05/25/2013
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 50-year-old female with a 5/25/13 date of injury. At the time (5/7/14) of request for authorization for Inject Spine Lumbar/Sacral, there is documentation of subjective (low back pain) and objective (tenderness over lumbar paraspinal muscle with limited range of motion and positive straight leg raise) findings, current diagnoses (lumbar strain and lumbar L4-5 radiculopathy), and treatment to date (physical therapy, previous L4-5 epidural injection, and medications). Medical report identifies a request for bilateral L4-5 epidural injection; and a minimal progress following previous epidural injection. There is no documentation of 50-70% pain relief for six to eight weeks, 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:

Series of three lumbar epidural steroid injections at unspecified level(s): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 lumbar strain and lumbar L4-5 radiculopathy. In addition, there is documentation of a request for bilateral L4-5 epidural injection. However, despite documentation of a minimal progress following previous epidural injection, there is no (clear) documentation of 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Series of three lumbar epidural steroid injections at unspecified level(s) is not medically necessary and appropriate.