

Case Number:	CM14-0033274		
Date Assigned:	06/20/2014	Date of Injury:	08/17/1994
Decision Date:	07/21/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 54-year-old patient sustained a low back injury on 8/17/1994, from lifting a heavy desk while employed by [REDACTED]. Request under consideration include Outpatient interlaminar epidural steroid injection at L3 and L4. Diagnoses include lumbosacral disc degeneration; lumbago; lumbosacral neuritis; myalgia/myositis; and sacroiliitis. Report on 1/23/14 from the provider noted patient with relief in the low back after the radiofrequency procedure in December 2013. The patient noted low back and legs pain were pain free for 3-4 weeks, but has started to come back in the left buttock and groin with pain rated at 4-5/10; poor sleep. Exam showed he continued to have baseline pain in low back, ataxic gait. The patient had previous epidural steroid injection at L3-4. Request for Outpatient interlaminar epidural steroid injection at L3 and L4 was non-certified on 2/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient interlaminar epidural steroid injection at L3 nad L4.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI (Epidural Steroid Injection) as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms with clinical findings of such, to repeat a LESI (Lumbar Epidural Steroid Injection) in the therapeutic phase, 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. Submitted reports have not demonstrated any functional improvement derived from the LESI or long-term efficacy of the RFA (Radiofrequency Catheter Ablation) for facet disease as the patient has unchanged symptom, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased work status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Outpatient interlaminar epidural steroid injection at L3 and L4 is not medically necessary and appropriate.