

Case Number:	CM14-0035030		
Date Assigned:	06/23/2014	Date of Injury:	11/04/2012
Decision Date:	11/06/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/20/2014

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 26-year-old female with an 11/4/12 date of injury. At the time (3/13/14) of request for authorization for second diagnostic lumbar epidural steroid injection at L4-L5 and L5-S1 1x1, there is documentation of subjective (lower back pain radiating to both legs, associated numbness and tingling) and objective (positive Kemp's, heel-walk, sciatic tension test, and straight leg raise, diminished right ankle reflex, sensory deficit in the L4, L5, and S1 dermatomes, slight tenderness bilaterally at L2-S1 paraspinals, L2-S1 facet joints, sciatic nerve bilaterally, and SI bilaterally, and decreased range of motion) findings, current diagnoses (displacement of lumbar intervertebral disc without myelopathy L4-5 and L5-S1, thoracic or lumbosacral neuritis or radiculitis unspecified, degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis of unspecified region L4-5 and L5-S1, lumbar facet syndrome, annular tear at L4-5 level, L4, L5, and S1 radiculopathy), and treatment to date (home exercise, lumbar support, medications, and epidural steroid injections (DOS 2/17/14 with reported greater than 50% relief)). 2/26/14 medical report identifies that first diagnostic epidural steroid injection done 2/17/14 helped decrease pain from 7/10 to 5/10 and helped restore the ability to function to the low back and improved activities of daily living. There is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second diagnostic lumbar epidural steroid injection at L4-L5 and L5-S1 1x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation 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 displacement of lumbar intervertebral disc without myelopathy L4-5 and L5-S1, thoracic or lumbosacral neuritis or radiculitis unspecified, degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis of unspecified region L4-5 and L5-S1, lumbar facet syndrome, annular tear at L4-5 level, L4, L5, and S1 radiculopathy. However, despite documentation that first diagnostic epidural steroid injection done 2/17/14 helped decrease pain from 7/10 to 5/10 and helped restore the ability to function to the low back and improved activities of daily living, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications. Therefore, based on guidelines and a review of the evidence, the request for second diagnostic lumbar epidural steroid injection at L4-L5 and L5-S1 1x1 is not medically necessary.