

Case Number:	CM14-0037724		
Date Assigned:	06/25/2014	Date of Injury:	03/28/2007
Decision Date:	08/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/28/2014

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 40-year-old male with a 3/28/07 date of injury. At the time (3/15/14) of request for authorization for bilateral L5-S1 transforaminal epidural steroid injection (ESI), there is documentation of subjective (low back pain) and objective (tenderness at L3-4, L4-5 and L5-S1; and, right lateral sacroiliac tenderness) findings, imaging findings (MRI of the lumbar spine - 1/29/14 report revealed mild facet arthropathy and disc disorders at L3-L4, L4-L5 and L5-S1; degenerative disc dislocation at L3-L4 and L4-L5; and, annular tear at the L4-L5), current diagnoses (lumbar disc degeneration, lumbar facet arthropathy, low back pain, sciatica, sacroiliac joint arthropathy, and lumbar radiculopathy), and treatment to date (medications and transforaminal ESI). There is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection, as well as decreased need for pain medications, and functional response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Transforaminal ESI (Epidural steroid injection) Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Low Back, Lumbar Support; and Back Brace, post operative (fusion).

Decision rationale: The 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 ESI. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The 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 lumbar disc degeneration, lumbar facet arthropathy, low back pain, sciatica, sacroiliac joint arthropathy, and lumbar radiculopathy. In addition, there is documentation a previous transforaminal ESI. However, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection, as well as decreased need for pain medications, and functional response. Therefore, based on guidelines and a review of the evidence, the request for Bilateral L5-S1 transforaminal ESI injections is not medically necessary.