

Case Number:	CM14-0039322		
Date Assigned:	06/27/2014	Date of Injury:	05/02/1984
Decision Date:	07/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 73-year-old male with a 5/2/84 date of injury. At the time (3/20/14) of request for authorization for bilateral L5-S1 epidural steroid injections, there is documentation of objective (deep tendon reflexes 1+ an symmetric, motor exam 5/5 in all major muscle groups, sensation exam intact, and positive straight leg raise) findings, imaging findings (L/S MRI (9/27/12) report revealed L5-S1 chronic central disc protrusion with annular fissure, only minor effacement of the thecal sac at this level, facet arthropathy noted bilaterally at this level, right greater than left), current diagnoses (herniated disc L5-S1), and treatment to date (activity modification, medications, and an epidural steroid injection right L5-S1 (done 2/1/13) (with reported great relief for 2 weeks)). There is no documentation of objective radiculopathy and at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response with previous epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 epidural steroid injections: Upheld

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

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: 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 epidural steroid injections. 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 herniated disc L5-S1. In addition, there is documentation a prior epidural steroid injection with reported great relief for 2 weeks. However, there is no documentation of objective radiculopathy. In addition, despite reported 2 weeks of great relief from previous epidural steroid injection, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response with previous epidural steroid injection. Therefore, based on guidelines and a review of the evidence, the request for bilateral L5-S1 epidural steroid injections is not medically necessary.