

Case Number:	CM14-0040061		
Date Assigned:	07/09/2014	Date of Injury:	02/23/2010
Decision Date:	08/19/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/04/2014

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 Occupational Medicine, 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 49-year-old female with a 2/23/10 date of injury. At the time (4/2/14) of request for authorization for Bilateral L4-S1 Transforaminal Epidural Injection, there is documentation of subjective (low back pain that radiates to bilateral feet, upper extremity pain in right hand, worsening lower extremity numbness) and objective (spasm noted, tenderness to palpation in spinal vertebral area L4-S1 levels, pain significantly increased with flexion and extension, decreased sensation to touch along L4, L5 dermatome in both lower extremities, motor exam shows decreased strength in bilateral lower extremities, and straight leg raise positive at 70 degrees in seated position) findings, current diagnoses (lumbar facet arthropathy, lumbar radiculitis, and chronic pain), and treatment to date (previous L5-S1 epidural steroid injection with at least 50 % pain relief for over one year). There is no documentation of 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:

Bilateral L4-S1 Transforaminal Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

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. 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. 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 facet arthropathy, lumbar radiculitis, and chronic pain. In addition, given documentation of previous lumbar epidural steroid injection with at least 50 % pain relief for over one year, there is documentation of at least 50-70% pain relief for six to eight weeks following previous injection. However, there is no documentation of decreased need for pain medications and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Bilateral L4-S1 Transforaminal Epidural Injection is not medically necessary.