

Case Number:	CM14-0047920		
Date Assigned:	07/02/2014	Date of Injury:	10/08/2010
Decision Date:	08/14/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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 48-year-old male with a 10/8/10 date of injury. At the time (3/25/14) of request for authorization for Transforaminal epidural steroid injection at bilateral L4-L5, L5-S1 selective nerve root block under epidurography and fluoroscopic guidance, there is documentation of subjective (severe low back pain) and objective (tenderness to palpation over the lower back, decreased reflexes of the knees and ankles bilaterally, and decreased sensation over the L4, L5, and S1 dermatomes) findings, and treatment to date (epidural injections in July 2012 with no benefit; L3, L4, L5 selective nerve root block on 2/22/13 with significant pain relief for 3 weeks; medication, physical modalities, and activity modification). In addition, medical report plan identifies L4-L5, L5-S1 selective nerve root block, participate in physical therapy, and MRI of the lumbar spine. There is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at bilateral L4-L5, L5-S1 selective nerve root block under epidurography and fluroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back MRIs.

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. 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 a diagnosis of lumbar degenerative disc disease. In addition, there is documentation of a previous transforaminal epidural steroid injection at L3, L4, L5 selective nerve root block. However, despite documentation of significant pain relief for 3 weeks with previous injection, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Transforaminal epidural steroid injection at bilateral L4-L5, L5-S1 selective nerve root block under epidurography and fluoroscopic guidance is not medically necessary.