

Case Number:	CM14-0054469		
Date Assigned:	07/07/2014	Date of Injury:	02/11/2008
Decision Date:	08/07/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/23/2014

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 53-year-old female with a 2/11/08 date of injury. At the time (4/9/14) of the decision for lumbar transforaminal epidural steroid injection, bilateral lumbar 4-lumbar 5, 2 levels, each side, QTY: 2.00, there is documentation of subjective (low back pain radiating to the lower extremity) and objective (antalgic gait, restricted lumbar spine range of motion in all planes, decreased sensation along the L5-S1 dermatomes, and muscle guarding) findings, current diagnoses (lumbar spine radiculitis and reflex sympathetic dystrophy of lower limb), and treatment to date (lumbar transforaminal epidural steroid injection). A 3/27/14 medical report identifies a request for bilateral transforaminal epidural steroid injection at L4 bilaterally and that patient received 50% improvement for greater than 3 months following previous injection. 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:

Lumbar transforaminal epidural steroid injection, bilateral lumbar 4-lumbar 5, 2 levels, each side, QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) 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: 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 ESIs. 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 spine radiculitis and reflex sympathetic dystrophy of lower limb. In addition, there is documentation of a previous lumbar transforaminal ESI and 50% pain relief for greater than 3 months 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 Lumbar transforaminal ESI, bilateral lumbar 4-lumbar 5, 2 levels, each side, QTY: 2.00 is not medically necessary.