

Case Number:	CM14-0068143		
Date Assigned:	07/11/2014	Date of Injury:	01/13/2005
Decision Date:	08/14/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 female with a January 13, 2005 date of injury, and status post posterior decompression and fusion from L5-S1 on February 2, 2012. At the time (4/29/14) of the request for authorization for Lumbar ESI under fluoroscopy- Left L4-5 x 3, there is documentation of subjective (right-sided piercing low back pain that radiates into both of her buttocks and anterior thighs) and objective (tenderness to palpation bilaterally about the lumbar paraspinal musculature, limited active range of motion of thoracolumbar spine, normal motor examination in all major muscle groups of extremities, normal sensation to light touch, quadriceps reflexes 1-2+ and symmetrical, and Achilles' reflexes 0-1+ and symmetrical) findings, current diagnoses (post-laminectomy syndrome lumbar region), and treatment to date (previous lumbar epidural steroid injection with significant improvement for two to three months). There is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response with previous epidural steroid injection and the medical necessity for the requested Lumbar ESI under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (LESI) under fluoroscopy (left L4-5, #3): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

Decision rationale: The ACOEM Practice 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 Chronic Pain Medical Treatment Guidelines do not support a "series-of-three" injections. The Official Disability Guidelines 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 post-laminectomy syndrome lumbar region. However, despite documentation of significant improvement for two to three months with previous lumbar 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. In addition, there is no documentation of the medical necessity for the requested Lumbar ESI under fluoroscopy. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.