

Case Number:	CM14-0070078		
Date Assigned:	07/14/2014	Date of Injury:	02/26/2013
Decision Date:	08/13/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/15/2014

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 45-year-old female with a 2/26/13 date of injury. At the time (5/2/14) of the UR Decision for Lumbar Spine Epidural Injection under Fluroscopic, there is documentation of subjective (lower back pain radiating down to left lower extremity associated with tingling sensation) and objective (positive left straight leg raise, increased sensitivity in the L5 nerve root distribution, and motor weakness over the left lower extremity) findings, current diagnoses (lumbosacral HNP/radiculopathy and chronic pain), and treatment to date (medications, trigger point injections, physical therapy, acupuncture, and lumbar epidural steroid injections with some pain relief). Medical reports identifying a request for lumbar spine epidural steroid injection at L4-L5 level. 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 following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Epidural Injection under Fluroscopic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) 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 lumbosacral HNP/radiculopathy and chronic pain. In addition, there is documentation of a request for lumbar spine epidural injection at the L4-L5 level. However, despite documentation of previous ESI with some pain relief, 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 following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Spine Epidural Injection under Fluroscopic is not medically necessary.