

Case Number:	CM14-0070349		
Date Assigned:	07/14/2014	Date of Injury:	11/02/2008
Decision Date:	08/22/2014	UR Denial Date:	04/22/2014
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 47-year-old male with date of injury 11/02/08. At the time (4/8/14) of request for authorization for Pain Management consultation for lumbar spine (L/S) epidural steroid injection or Rhizotomy, there is documentation of subjective (low back pain) and objective (lumbar limited range of motion, tenderness of paravertebral musculature, and facet tenderness from L3 to L5) findings, current diagnoses (lumbar disc disease, left lumbar radiculopathy, lumbar facet syndrome, right sacroiliac joint arthropathy, and left lower extremity varicosities), and treatment to date (medications, chiropractor/acupuncture treatments, and previous L4-5 lumbar epidural steroid injection with good results). 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:

Pain Management consultation for lumbar spine (L/S) epidural steroid injection or Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. 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. 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. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, left lumbar radiculopathy, lumbar facet syndrome, right sacroiliac joint arthropathy, and left lower extremity varicosities. In addition, there is documentation of a previous lumbar epidural steroid injection. However, despite documentation of good results following previous injection, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection. In addition, there is no documentation of decreased need for pain medications, and functional response following previous injection. Therefore, based on guidelines and review of the evidence, the request for Pain Management consultation for L/S epidural steroid injection or Rhizotomy is not medically necessary.