

Case Number:	CM14-0070805		
Date Assigned:	07/14/2014	Date of Injury:	03/12/2009
Decision Date:	08/14/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine & Rehabilitation 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 46-year-old male with a March 12, 2009 date of injury. At the time (3/12/14) of request for authorization for Lumbar epidural steroid injection, there is documentation of subjective (pain in the back, hip, and leg)) and objective (positive straight leg raise test and decreased range of motion of hip and knee) findings, current diagnoses (mild lumbar central stenosis with degenerative change, left lower extremity traumatic pain, and traumatic knee pain), and treatment to date (medications, previous epidural steroid injection, and home exercise program). There is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection, as well as decreased need for pain medications, and functional response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (#1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs).

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 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. Guidelines also state 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. 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 diagnoses of mild lumbar central stenosis with degenerative change, left lower extremity traumatic pain, gait derangement with leg length discrepancy, and traumatic knee pain. In addition, there is documentation of previous lumbar epidural steroid injection. However, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection, as well as decreased need for pain medications, and functional response. In addition, there is no documentation of the specific nerve root level(s) to be addressed. Therefore, based on guidelines and a review of the evidence, the request for is not medically necessary.