

Case Number:	CM14-0072475		
Date Assigned:	07/16/2014	Date of Injury:	06/10/2013
Decision Date:	09/12/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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 60-year-old male with a 6/10/13 date of injury. At the time (5/1/14) of request for authorization for right L4-S1 lumbar epidural injection, there is documentation of subjective (low back pain rated 8-9/10, left sided numbness, radiating pain from the back to the right lower extremity, to the right foot) and objective (antalgic gait, decreased sensation over the right L3, L4, L5, and S1 dermatomes, right ankle reflex 1+, positive straight leg raise at 40 degrees on the right, and 4/5 muscle strength right hip flexion and extensor hallucis longus) findings, current diagnoses (right leg radiculopathy with weakness, L4-5 and L5-S1 stenosis), and treatment to date (medications, activity modification, and epidural steroid injection). 4/14/14 medical report identifies that previous epidural steroid injection initially resolved pain by 100% before slowly returning, and that the patient had significant improvement with right leg symptoms. There is no documentation of pain relief for six to eight weeks following previous injection and decreased need for pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-S1 lumbar epidural injection.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Epidural steroidal Injections 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. 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 right leg radiculopathy with weakness, L4-5 and L5-S1 stenosis. In addition, there is documentation of functional response and 100% improvement with previous epidural steroid injection. However, there is no documentation of pain relief for six to eight weeks six to eight weeks following previous injection and decreased need for pain medications. Therefore, based on guidelines and a review of the evidence, the request for right L4-S1 lumbar epidural injection is not medically necessary.