

Case Number:	CM14-0074703		
Date Assigned:	07/16/2014	Date of Injury:	01/03/2003
Decision Date:	12/09/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/22/2014

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 63-year-old male with a 1/3/03 date of injury, and status post L5-S1 lumbar fusion 03, and status post hardware removal 04. At the time (5/5/14) of request for authorization for left side L4-S1 LESI (epidural steroid injection, there is documentation of subjective (chronic low back pain, status post previous lumbosacral fusion) and objective (low back pain and left lower extremity pain, pain in the S1 distribution, tenderness to palpation, L5-S1 distribution weakness on the left, and positive bilateral straight leg raising) findings, current diagnoses (status post lumbar fusion, lumbar facet arthropathy, chronic low back pain, and lumbar facet syndrome), and treatment to date (medications, trigger point injections, and epidural steroid injections (03, 05, and 07)). There is no documentation of imaging findings, failure of additional conservative treatment (activity modification and physical modalities), and 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 injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left side L4-S1 LESI (lumbar epidural steroid injection): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection 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 subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. In addition, 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 status post lumbar fusion, lumbar facet arthropathy, chronic low back pain, and lumbar facet syndrome. In addition, there is documentation of subjective (pain) and objective (motor changes) radicular findings and failure of conservative treatment (medications). However, there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis), and failure of additional conservative treatment (activity modification and physical modalities). In addition, 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 injections. Therefore, based on guidelines and a review of the evidence, the request for left side L4-S1 LESI (epidural steroid injection) is not medically necessary.