

Case Number:	CM14-0078836		
Date Assigned:	07/18/2014	Date of Injury:	01/18/2013
Decision Date:	08/28/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/29/2014

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 66-year-old male with a 1/18/13 date of injury. At the time (4/16/14) of request for authorization for Bilateral Lumbar S1 Epidural Injection, there is documentation of subjective (low back pain radiating to the buttocks) and objective (decreased deep tendon reflexes of the bilateral lower extremities and diminished sensation in the left L5 dermatome) findings. The MRI of the lumbar spine (2/4/13) report revealed grade 2 spondylolisthesis of L5 on S1 and severe stenosis of both foramina with compression of both L5 roots at L5-S1, The current diagnoses is lumbosacral spondylosis. The treatment to date includes lumbar epidural steroid injection at bilateral L4-S1 nerve roots on 3/23/13; medications, activity modification, and physical modalities. In addition, medical report identifies a request for bilateral L4-S1 lumbar epidural injection. Furthermore, medical reports identify greater than 80% pain relief for 8 months following previous lumbar epidural steroid injection at L3-S1. There is no documentation of 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:

Bilateral Lumbar S1 Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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 a diagnosis of lumbosacral spondylosis. In addition, there is documentation of a previous lumbar epidural injection at L4-S1 with a request for repeat injection at bilateral L4-S1. Furthermore, given documentation of greater than 80% pain relief for 8 months with previous lumbar epidural steroid injection, there is documentation of at least 50-70% pain relief for six to eight weeks following previous injection. However, there is no documentation of decreased need for pain medications and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Bilateral Lumbar S1 Epidural Injection is not medically necessary.