| Case Number: | CM14-0079399 | | |
|---|---|---|---|
| Date Assigned: | 07/18/2014 | Date of Injury: | 04/09/2001 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 05/02/2014 |
| 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 57-year-old female with a 4/9/01 date of injury. At the time (4/25/14) of request for authorization for 1 epidural, blood patch under fluoroscopy and monitored anesthesia, there is documentation of subjective (low back pain with radicular symptoms and headaches) and objective (tenderness to palpation over the lumbar facets, right paravertebral thoracic spasms, positive straight leg raise, and compensated gait) findings, current diagnoses (lumbar disc degeneration, lumbosacral neuritis, and coccydynia), and treatment to date (previous injection with 60% pain relief and improved function for 6 weeks). There is no documentation of decreased need for pain medications following previous injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 epidural, blood patch under fluoroscopy and monitored anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

**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. 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. 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 lumbar disc degeneration, lumbosacral neuritis, and coccydynia. In addition, there is documentation of a previous lumbar epidural steroid injection with 60% pain relief for 6 weeks and improved function. However, there is no documentation of decreased need for pain medications following previous injection. In addition, there is documentation of the specific level(s) to be addressed. Therefore, based on guidelines and a review of the evidence, the request for 1 epidural, blood patch under fluoroscopy and monitored anesthesia is not medically necessary.