

Case Number:	CM14-0080310		
Date Assigned:	07/18/2014	Date of Injury:	06/15/2003
Decision Date:	08/26/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/31/2014

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 Preventive Medicine 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 6/15/03 date of injury. At the time (4/28/14) of request for authorization for lumbar epidural steroid injections and cardiac clearance, there is documentation of subjective (low back pain radiating to the right lateral thigh) and objective (normal lumbar range of motion with limiting factors of pain) findings, current diagnoses (lumbar spine pain, lumbar spinal stenosis, lumbar radiculopathy, lumbar herniated nucleus pulposus, and lumbar degenerative disc disease), and treatment to date (bilateral L5 transforaminal epidural steroid injection on 2/12/14 with 75% pain relief; physical therapy, medications (NSAID), and activity modification). In addition, medical report identifies a request for repeat bilateral L5 transforaminal epidural steroid injection. Furthermore, 7/11/14 medical report identifies 75% pain relief for about a month and a half with increase in functioning, but inability to reduce medication (NSAID) intake following previous injection. Regarding lumbar epidural steroid injections, 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:

Lumbar Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 46. Decision based on Non-MTUS Citation Official disabilities Guidelineslow back.

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 (ESIs). 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 spine pain, lumbar spinal stenosis, lumbar radiculopathy, lumbar herniated nucleus pulposus, and lumbar degenerative disc disease. In addition, there is documentation of a previous bilateral L5 transforaminal (ESIs) on 2/12/14 with a plan identifying a request for repeat bilateral L5 transforaminal (ESIs). Furthermore, given documentation of 75% pain relief for about a month and a half with an increase in functioning with previous injection, there is documentation of at least 50-70% pain relief for six to eight weeks as well as functional response following previous injection. However, given documentation of an inability to reduce medication (NSAID) intake following previous injection, there is no documentation of decreased need for pain medications following previous injection. Therefore, based on guidelines and a review of the evidence, the request for lumbar (ESIs) is not medically necessary.

Cardiac clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 46. Decision based on Non-MTUS Citation Official Disabilities Guidelines Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of lumbar spine pain, lumbar spinal stenosis, lumbar radiculopathy, lumbar herniated nucleus pulposus, and lumbar degenerative disc disease. However, there is no documentation of a rationale identifying the medical necessity of the requested cardiac clearance for an epidural steroid injection. Therefore, based on guidelines and a review of the evidence, the request for cardiac clearance is not medically necessary.

