

Case Number:	CM14-0083797		
Date Assigned:	07/21/2014	Date of Injury:	02/26/2014
Decision Date:	08/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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 Physical Medicine and Rehabilitation 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 female with a 2/26/14 date of injury. At the time (5/13/14) of request for authorization for Repeat Lumbar ESI (epidural steroid injection) at L4-5, there is documentation of subjective (ongoing low back pain radiating to the left leg) and objective (tenderness to palpation over the left lumbar paraspinal muscles with muscle spasms, decreased knee and Achilles reflexes bilaterally, decreased sensation over the dorsum of the left foot and on the lateral aspect of the left calf, decreased strength of the left knee extensors, and positive straight leg raise on the left) findings, current diagnoses (lumbar sprain/strain, protrusion and extrusion of the L4-5 disc, lumbar stenosis, and lumbar radiculopathy), and treatment to date (lumbar epidural injection on 4/29/14 which helped greatly and resulted in increased functionality and decrease in pain medications; chiropractic treatment, and medications). In addition, 6/3/14 letter identifies greater than 50% pain relief with previous lumbar epidural injection. There is no documentation of pain relief for six to eight weeks following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar ESI (epidural steroid injection) at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of 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 diagnoses of lumbar sprain/strain, protrusion and extrusion of the L4-5 disc, lumbar stenosis, and lumbar radiculopathy. In addition, there is documentation of a previous lumbar epidural injection with at least 50-70% pain relief. However, given documentation of a 4/29/14 date of a previous injection, and a request for repeat injection dated 5/13/14, there is no documentation of pain relief for six to eight weeks following the previous injection. Therefore, based on guidelines and a review of the evidence, the request for Repeat Lumbar ESI at L4-5 is not medically necessary.