

Case Number:	CM14-0201357		
Date Assigned:	12/11/2014	Date of Injury:	07/01/2000
Decision Date:	01/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, 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 female with a 7/1/00 date of injury. At the time (10/3/14) of request for authorization for Repeat left interlaminar L5-S1 ESI, there is documentation of subjective (bilateral back pain radiating to the bilateral lateral legs) and objective (antalgic gait, tenderness to palpation lumbar paraspinous, increased kyphosis, range of motion restricted due to pain, and Achilles reflex 1/4 bilaterally) findings, current diagnoses (lumbar spondylosis without myelopathy, lumbar radiculitis, sciatica, lumbar disc degeneration, lumbar spinal stenosis, and idiopathic scoliosis), and treatment to date (previous lumbar epidural steroid injections including left L5-S1 interlaminar ESI on 8/25/14 (with injections providing more than 70% improvement for two to three months)). There is no documentation of decreased need for pain medications and functional response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left interlaminar L5-S1 ESI: 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 spondylosis without myelopathy, lumbar radiculitis, sciatica, lumbar disc degeneration, lumbar spinal stenosis, and idiopathic scoliosis. In addition, given documentation of more than 70% improvement for two to three months with previous epidural steroid injection, there is documentation of at least 50-70% pain relief for six to eight weeks. However, there is no documentation of decreased need for pain medications and functional response. Therefore, based on guidelines and a review of the evidence, the request for Repeat left interlaminar L5-S1 ESI is not medically necessary.