

Case Number:	CM14-0203753		
Date Assigned:	12/16/2014	Date of Injury:	09/11/2002
Decision Date:	02/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/05/2014

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 Occupational 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:

The patient is a 66-year-old male with date of injury 09/11/2002. The treatment in dispute is bilateral lumbar epidural steroid injections at L1-2 and L2-3. 4 weeks prior to the request, patient received epidural steroid injections at the same levels. He reports that the pain was reduced by approximately 50%, but returned relatively quickly. Patient's medical history is significant for multilevel degenerative disc disease with an L5-S1 pedicular screw fixation. X-ray of the patient's lumbar spine showed a solid fusion from L4 to sacrum with a slight subluxation of L3 on L4 and moderate narrowing of the L2-3 disc space. A CT myelogram done on 09/02/2014 reveals lateral recess stenosis at L1-2 and L2-3. Diagnoses: 1. Lumbar spinal stenosis, 2. History of left ankle fracture, 3. History of lumbar laminectomy with pedicular screw fixation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L1-L2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The previous lumbar epidural steroid injection provided the patient with less than 4 weeks relief of pain. Epidural steroid injection at L1-L2 is not medically necessary.

Epidural steroid injection at L2-L3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The previous lumbar epidural steroid injection provided the patient with less than 4 weeks relief of pain. Epidural steroid injection at L2-L3 is not medically necessary.