

Case Number:	CM14-0144086		
Date Assigned:	09/12/2014	Date of Injury:	06/21/2011
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/05/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 55-year-old male who reported an injury on 01/21/2011. The mechanism of injury was lifting a heavy object. Diagnoses included protrusion of L5-S1 with radiculopathy, rule out facet mediated low back pain, and facet osteoarthropathy greatest at L4-5 and L5-S1. Past treatments included a back brace, epidural steroid injection, and TENS. Diagnostic testing included an MRI of the lumbar spine on 09/20/2013, which revealed L5-S1 disc protrusion at the right S1 nerve root. Surgical history was not provided. The clinical note dated 06/27/2014 indicated the injured worker complained of low back pain radiating into the bilateral lower extremities, rated 7/10. The physical examination revealed tenderness in the lumbar spine, decreased range of motion of the lumbar spine, and bilateral positive straight leg raise. Current medications were not provided. The treatment plan included a repeat therapeutic lumbar epidural steroid injection bilaterally at the L5-S1 level. The rationale for the request was pain relief. The Request for Authorization form was completed on 08/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat therapeutic lumbar epidural steroid injection (ESI) bilaterally at the L5-S1 level:
Upheld

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

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

Decision rationale: The request for a repeat therapeutic lumbar epidural steroid injection (ESI) bilaterally at the L5-S1 level is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain. The criteria for the use of epidural steroid injections include radiculopathy documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. The injured worker previously had a lumbar epidural steroid injection at L5-S1 bilaterally. He reported 25% pain relief of radicular pain. There was a lack of documented efficacy of the previous epidural steroid injection at the bilateral L5-S1, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. Therefore, the request for a repeat therapeutic lumbar epidural steroid injection (ESI) bilaterally at the L5-S1 level is not medically necessary.