

Case Number:	CM14-0149891		
Date Assigned:	09/18/2014	Date of Injury:	03/02/2010
Decision Date:	10/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 52-year-old female with a 3/2/10 date of injury. At the time (7/29/14) of the request for authorization for epidural steroid injection times two, L5-S1, there is documentation of subjective (low back pain radiating down her left leg, associated with numbness and tingling) and objective (lumbar spinal, paraspinal, and facet tenderness; positive lumbar facet loading maneuvers; dullness to pinprick left posterolateral thigh and leg (L5 dermatome); weakness (4/5) left knee and extensor hallucis longus) findings, current diagnoses (chronic pain syndrome, lumbar/thoracic radiculopathy, sciatica, lower back pain, and spinal enthesopathy), and treatment to date (lumbar epidural on 2/10/14 that improved her pain greater than 80% for about 6 weeks, with improvement in her ability to ambulate, seat, and perform her activities of daily living). There is no documentation of decreased need for pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection x2, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Complaints, page(s) 300 (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (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. Official Disability Guidelines (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 chronic pain syndrome, lumbar/thoracic radiculopathy, sciatica, lower back pain, and spinal enthesopathy. In addition, there is documentation of lumbar epidural on 2/10/14 that improved her pain greater than 80% for about 6 weeks, with improvement in her ability to ambulate, seat, and perform her activities of daily living. However, there is no documentation of decreased need for pain medications. Therefore, based on guidelines and a review of the evidence, the request for epidural steroid injection times two, L5-S1 is not medically necessary.