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| Case Number: | CM14-0158167 | | |
| Date Assigned: | 10/01/2014 | Date of Injury: | 12/08/2013 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 09/15/2014 |
| Priority: | Standard | Application Received: | 09/26/2014 |

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 39-year-old male with a 12/8/13 date of injury. At the time (8/27/14) of the request for authorization for epidural steroid injection L4-L5 and L5-S1, there is documentation of subjective (persistent low back pain and constant sharp shooting and burning low back pain radiating to the left gluteal region and to the left thigh mostly on the posterior aspect) and objective (spasm noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine, antalgic gait noted on the left, dysesthesia noted to light touch in the left L5 and S1 dermatome) findings, current diagnoses (low back pain, lumbar degenerative disc disease, lumbar radiculopathy, and spinal canal stenosis), and treatment to date (one epidural steroid injection which helped significantly for a short period of time). There is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response after the previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

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 low back pain, lumbar degenerative disc disease, lumbar radiculopathy, and spinal canal stenosis. In addition, there is documentation of one epidural steroid injection which helped significantly for a short period of time. However, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response after the previous injection. Therefore, based on guidelines and a review of the evidence, the request for epidural steroid injection L4-L5 and L5-S1 is not medically necessary.