

Case Number:	CM14-0163014		
Date Assigned:	10/08/2014	Date of Injury:	08/28/2012
Decision Date:	11/07/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/03/2014

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 51-year-old male with an 8/28/12 date of injury. At the time (7/1/14) of request for authorization for retrospective (DOS 7/1/14-7/1/14) for lumbar epidural steroid injection x2 (L5-S1 and right L5), with use of anesthesia, there is documentation of subjective (low back pain radiating to the legs with numbness and tingling) and objective (decreased lumbar range of motion and tenderness to palpation over the lumbar spine). The current diagnoses includes lumbar spine herniated disc at L5/S1 and lumbar radiculitis. The treatment to date includes multiple lumbar epidural steroid injections at L5 and S1 (most recently on 5/16/14 resulting in increased lumbar range of motion and reduced pain sensitivity of the L5 dermatome); medication, physical therapy, and activity modification. Medical report identifies a request for repeat lumbar epidural steroid injection. There is no documentation of at least 50-70% pain relief for six to eight weeks, no more than 4 blocks per region per year, as well as decreased need for pain medications following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 7/1/14-7/1/14) for Lumbar Epidural Steroid Injection x2 (L5-S1 and right L5), with us of anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: The 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. The 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 spine herniated disc at L5/S1 and lumbar radiculitis. In addition, there is documentation of multiple previous lumbar epidural steroid injections at L5 and S1 (most recently on 5/16/14) with a request for repeat injection. In addition, there is documentation of functional response (increased lumbar range of motion) following previous injection. However, despite documentation of reduced pain sensitivity of the L5 dermatome with previous injection, there is no (clear) documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications following previous injection. In addition, given documentation of multiple lumbar epidural injections at L5 and S1, there is no (clear) documentation of more than 4 blocks per region per year. Furthermore, the proposed number of injections (x2) exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for retrospective (DOS 7/1/14-7/1/14) for lumbar epidural steroid injection x2 (L5-S1 and right L5) is not medically necessary.