

Case Number:	CM14-0098272		
Date Assigned:	08/06/2014	Date of Injury:	06/01/2005
Decision Date:	09/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/26/2014

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 51-year-old female with a 6/1/05 date of injury. At the time (6/11/14) of request for authorization for L5-S1 epidural right, there is documentation of subjective (flare-up of low back pain with numbness to the right leg) and objective (positive straight leg raise) findings, imaging findings (MRI of the lumbar spine (4/23/14) report revealed a right-sided disc extrusion at L5-S1 compromising the right S1 root in the lateral recess), current diagnoses (herniated nucleus pulposus at L5-S1), and treatment to date (lumbar epidural steroid injection at right L5-S1 on 6/2/14 with relief of low back pain; and medication). In addition, medical report identifies a request for repeat lumbar epidural injection at right L5-S1. 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 following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural right: Upheld

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

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: 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 a diagnosis of herniated nucleus pulposus at L5-S1. In addition, there is documentation of a previous right-sided lumbar epidural steroid injection at L5-S1 with a request for repeat injection. However, given documentation of unquantified pain relief with previous injection, and a 6/2/14 date of prior injection with a 6/11/14 request for repeat injection, 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 following previous injection. Therefore, based on guidelines and a review of the evidence, the request for L5-S1 epidural right is not medically necessary.