

Case Number:	CM14-0193941		
Date Assigned:	12/01/2014	Date of Injury:	02/27/2009
Decision Date:	01/14/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/19/2014

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 2/27/09 date of injury. At the time (9/10/14) of request for authorization for one repeat low back ESI on the left at L5-S1 under fluoroscopy guidance, there is documentation of subjective (chronic low back pain with spasms and numbness/tingling over bilateral lateral calf) and objective (decreased lumbar range of motion, decreased sensory exam over L2 to S1 level, and positive bilateral straight leg raise) findings, current diagnoses (herniated nucleus pulposus and right lower extremity radiculopathy), and treatment to date (previous lumbar epidural injection, physical therapy, and medications). Medical report identifies decreased pain level and medication usage following previous epidural steroid injection. There is no documentation of at least 50-70% pain relief for six to eight weeks, 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:

One repeat low back ESI on the left at L5-S1 under fluoroscopy guidance: Upheld

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

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 herniated nucleus pulposus and right lower extremity radiculopathy. In addition, there is documentation of decreased need for pain medications following previous injection. However, despite documentation of decreased pain level following previous epidural steroid injection, there is no (clear) documentation of at least 50-70% pain relief for six to eight weeks, as well as functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.