

Case Number:	CM13-0011128		
Date Assigned:	09/20/2013	Date of Injury:	02/28/2013
Decision Date:	04/07/2014	UR Denial Date:	06/12/2013
Priority:	Standard	Application Received:	08/14/2013

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 Physical Medicine & Rehabilitation, 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 40-year-old male with a 2/28/13 date of injury. At the time of request for authorization for bilateral L5 transforaminal epidural steroid injection, there is documentation of subjective (low back pain radiating to the buttock and posterior thigh) and objective (tenderness to palpation along the lumbar paraspinal muscles, no gross sensory deficits, 5/5 muscle strength of the lower extremities, and a positive straight leg raise on the left) findings, imaging findings (MRI (magnetic resonance imaging) of the lumbar spine (3/1313) report revealed a posterior disc protrusion which slightly indents the anterior aspect of the thecal sac narrowing the cross-sectional area by 20% at L4-5, and a central posterior disc protrusion without any significant spinal canal narrowing and mild bilateral neuroforaminal narrowing at L5-S1), current diagnoses (lumbar spondylosis, spondylolisthesis, lumbar disc degeneration, and chronic lumbar pain), and treatment to date (physical therapy, medication, and activity modification). There is no documentation of subjective (pain, numbness, or tingling) and objective (sensory, motor, or reflex changes) radicular findings in the requested nerve root distribution, and imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, 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: 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 Official Disability Guidelines (ODG) identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI(magnetic resonance imaging, CT (computed tomography), myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis, spondylolisthesis, lumbar disc degeneration, and chronic lumbar pain. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, despite documentation of subjective findings (low back pain radiating to the buttock and posterior thigh), and given documentation of objective findings (no gross sensory deficits and 5/5 muscle strength of the lower extremities), there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory, motor, or reflex changes) radicular findings in the requested nerve root distribution. In addition, given documentation of imaging findings (MRI of the lumbar spine identifying a posterior disc protrusion which slightly indents the thecal sac at L4-5, and a central posterior disc protrusion without any significant spinal canal narrowing and mild bilateral neuroforaminal narrowing at L5-S1), there is no documentation of imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Therefore, based on guidelines and a review of the evidence, the request for bilateral L5 transforaminal epidural steroid injection is not medically necessary.