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| Case Number: | CM13-0046024 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/21/2013 |
| Decision Date: | 12/31/2014 | UR Denial Date: | 11/01/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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 Orthopedic Surgery 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 49-year-old male with a 5/21/13 date of injury. At the time (9/27/13) of request for authorization for lumbar epidural steroid injection (LESI) at L2-S1, there is documentation of subjective (low back pain) and objective (decreased lumbar spine range of motion, tenderness over the paraspinal muscles, and signs of radicular irritability) findings, imaging findings (MRI of the lumbar spine (7/13/13) report revealed diffuse disc protrusion compressing the thecal sac and bilateral neural foraminal stenosis that encroaches the left and right L2 and exiting nerve roots at the L2-3 and L3-4, respectively; focal central disc extrusion with inferior and left lateral migration superimposed on diffuse disc bulge and annular tear indenting the thecal sac and bilateral neural foraminal stenosis that encroaches the left and right L4 exiting nerve roots, more left than right, at the L4-5; and focal central disc protrusion indenting the thecal sac at L5-S1). The current diagnoses is lumbar strain with herniated nucleus pulposus, and treatment to date are medications, chiropractic therapy, and physical therapy. There is no documentation of subjective (pain, numbness, and tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions; imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at a requested level (L5-S1) and that no more than two nerve root levels to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (LESI) AT L2-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 documentation 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 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, CT, 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 additional criteria necessary to support the medical necessity of lumbar epidural steroid injection. Within the medical information available for review, there is documentation of a diagnosis of lumbar strain with herniated nucleus pulposus. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, despite nonspecific documentation of subjective (low back pain) and objective (decreased lumbar spine range of motion, tenderness over the paraspinal muscles, and signs of radicular irritability) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, and tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. In addition, despite documentation of imaging findings (MRI of the lumbar spine identifying nerve root compression at L2-3, L3-4, and L4-5), 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 a requested level (L5-S1). Furthermore, given documentation of a request for lumbar epidural steroid injection (LESI) at L2-S1, there is no documentation that no more than two nerve root levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for bilateral transforaminal ESI at L2-S1 is not medically necessary.