

Case Number:	CM13-0051840		
Date Assigned:	12/27/2013	Date of Injury:	10/11/2005
Decision Date:	03/10/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 physician 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 60-year-old male with a 10/11/05 date of injury. At the time of request for authorization for Right L3-5 Transforaminal Epidural Steroid Injection using fluoroscopy, there is documentation of subjective (constant low back pain with radiation to the right hip/buttock with numbness and tingling in the right lower extremity to the level of the leg, calf, foot (L4 and L5), and toes (L5), and motor weakness in the left lower extremity) and objective (lumbar spinal vertebral tenderness at the L3-S1 levels, limited lumbar range of motion secondary to pain, absent left patellar (L4) reflexes, decreased strength of the flexor (L5) and extensor (L5) muscles in the bilateral lower extremities, decreased touch in the right lower extremity along the L4 dermatome, and positive straight leg raise on the bilateral lower extremities for radicular pain) findings, imaging findings (MRI of the lumbar spine (10/14/13) report revealed moderate to high-grade left and mild right neural foraminal exit zone compromise with mild to moderate spinal stenosis at L3-4; high-grade bilateral neural foraminal exit zone compromise with moderate spinal stenosis at L4-5; and high-grade bilateral neural foraminal exit zone compromise and moderate to high-grade spinal stenosis at L5-S1), current diagnoses (lumbar radiculopathy, lumbar facet arthropathy, chronic pain, and annular tear), and treatment to date (acupuncture, lumbar epidural steroid injections, activity modification, and medications). Plan indicates initial lumbar epidural steroid injection using fluoroscopy at the right L3-L5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-5 Transforaminal Epidural Steroid Injection using fluoroscopy is: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines 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 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 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 criteria necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar facet arthropathy, chronic pain, and annular tear, and a plan indicating initial lumbar epidural steroid injection using fluoroscopy at the right L3-L5 level. In addition, there is documentation of subjective (pain, numbness, and tingling) and objective (sensory, motor, and reflex changes) radicular findings in each of the requested nerve root distributions, imaging (MRI) findings (central canal stenosis and 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. Therefore, based on guidelines and a review of the evidence, the request for Right L3-5 Transforaminal Epidural Steroid Injection using fluoroscopy is medically necessary.