

Case Number:	CM13-0067120		
Date Assigned:	01/31/2014	Date of Injury:	08/12/2011
Decision Date:	05/27/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine, 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 an 8/12/11 date of injury. At the time (11/8/13) of request for authorization for a right L4-5 lumbar ESI injection, there is documentation of subjective (low back pain, pain in the right posterolateral lower extremity to the foot in the L4-5 and L5-S1 distributions) and objective (sensation reduced in a patchy distribution over right lower extremity in the L4-5 distribution, positive SLR at 50 degrees on the right) findings, imaging findings (reported lumbar spine MRI (9/28/11) revealed mild foraminal and lateral recess stenosis of L4-5 on the right and mild right neural foraminal stenosis of L5-S1), current diagnoses (lumbar spine disc displacement, lumbar spine radiculitis), and treatment to date (PT and medications). There is no documentation of 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).

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-5 LUMBAR ESI INJECTION: 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: The ACOEM Guidelines identify documentation of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. The ODG identify documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex is 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 spine disc displacement, lumbar spine radiculitis. In addition, there is documentation of subjective (pain, numbness, and tingling) and objective (sensory changes) radicular findings and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite reported imaging findings (MRI revealing MILD foraminal and lateral recess stenosis of L4-5), there is no documentaiton of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings in the medical records provided for review (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis). Therefore, based on Guidelines and a review of the evidence, the request for right L4-5 lumbar ESI injection is not medically necessary and appropriate.