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| Case Number: | CM13-0071299 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 12/05/2001 |
| Decision Date: | 05/29/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

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 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 67-year-old male with a 12/5/11 date of injury. At the time (11/26/13) of the decision for right L3-4, L4-5, L5-S1 transforaminal epidural steroid injection, there is documentation of subjective (pain in the lower extremity that is sharp and radiates down the leg) and objective (no pertinent findings) findings, imaging findings (MRI lumbar spine (10/9/07) report revealed moderate to severe lateral recess stenosis at L2-3 due to lateral disc protrusion, displacement of the nerve root elements due to degenerative changes at L3-4, and some foraminal root impingement at L4-5 and L5-S1), current diagnosis (acute on chronic leg pain), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L3-4, L4-5, L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION:

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 Chapter, ESI.

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 epidural steroid injection. Within the medical information available for review, there is no specific (to nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. In addition, there is no documentation of failure of additional conservative treatment (activity modification and physical modalities). Furthermore, given the requested right L3-4, L4-5, L5-S1 transforaminal epidural steroid injection, there is no documentation that no more than two nerve root levels are to be injected one session. Therefore, based on guidelines and a review of the evidence, the request for right L3-4, L4-5, L5-S1 transforaminal epidural steroid injection is not medically necessary.