MAXIMUS Federal Services

Case Number:	CM14-0001090		
Date Assigned:	01/22/2014	Date of Injury:	10/30/2012
Decision Date:	06/16/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 49-year-old male with a 4/12/12 date of injury. At the time (12/6/13) of request for authorization for lumbar epidural corticosteroid injections under fluoroscopic guidance L4, L5, and S1, there is documentation of subjective (left leg pain into the groin) and objective (pain with lumbar extension more so than flexion, some pain and tenderness over the left more so than right low back, positive straight leg raise, slightly antalgic gait) findings, current diagnoses (inguinal hernia, CRPS II, and chronic pain syndrome), and treatment to date (medications and activity modification). There is no 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, 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 additional conservative treatment (physical modalities), and that no more than two nerve root levels are 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 CORTICOSTEROID INJECTIONS UNDER FLUOROSCOPIC GUIDANCE L4, L5, AND S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,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 epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of inguinal hernia, CRPS II, and chronic pain syndrome. In addition, there is documentation of failure of conservative treatment (activity modification, and medications. However, there is no 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, 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, and failure of additional conservative treatment (physical modalities). In addition, given that the request is for lumbar epidural corticosteroid injections under fluoroscopic guidance L4, L5, and S1, there is no documentation that no more than two nerve root levels are to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural corticosteroid injections under fluoroscopic guidance L4, L5, and S1 is not medically necessary.