

Case Number:	CM14-0013230		
Date Assigned:	02/24/2014	Date of Injury:	03/21/2013
Decision Date:	07/02/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine & 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 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 37-year-old female with a 3/21/13 date of injury. At the time (12/20/13) of request for authorization for lumbar epidural steroid and facet injection L4-S1 x 1 and PT 3 x 3 for lumbar spine, following lumbar epidural steroid injection (LESI), there is documentation of subjective (constant, sharp, aching mid-back and low back pain) and objective (trigger points in the left lumbar spine, muscle spasms, positive straight leg raise, and weakness on range of motion of the lumbar spine) findings, imaging findings (Reported MRI Lumbar Spine (2013) revealed 3 mm disc herniation at L4-5 and L5-S1 with facet joint hypertrophy at L5-S1; report not available for review), current diagnoses (lumbar disc herniation and lumbar neuritis/radiculitis), and treatment to date (activity modification, physical therapy, and medications). Medical report identifies a treatment plan with a recommendation for a lumbar spine epidural steroid facet injection at L4-S1 x 1 only. There is no documentation of objective radicular findings in each of the requested nerve root distributions and imaging at each of the requested levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID AND FACET INJECTION L4-S1 X 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: California Medical Treatment Utilization Schedule (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. OGD 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 lumbar disc herniation and lumbar neuritis/radiculitis. In addition, there is documentation of a treatment plan recommending a lumbar spine epidural steroid facet injection at L4-S1 x 1 only. Furthermore, there is documentation of subjective (pain) radicular findings in each of the requested nerve root distributions, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session. However, despite documentation of objective findings (trigger points in the left lumbar spine, muscle spasms, positive straight leg raise, and weakness on range of motion of the lumbar spine), there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. In addition, despite 12/20/13 medical report's reported imaging findings (MRI Lumbar Spine (2013) revealed 3 mm disc herniation at L4-5 and L5-S1 with facet joint hypertrophy at L5-S1), there is no documentation of an imaging report with findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural steroid and facet injection L4-S1 x 1 is not medically necessary.

PT 3 X 3 FOR LUMBAR SPINE, FOLLOWING LUMBAR EPIDURAL STEROID INJECTION (LESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

Decision rationale: There is no documentation of a pending epidural steroid injection that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for physical therapy three times three for lumbar spine, following lumbar epidural steroid injection (LESI) is not medically necessary.

