

Case Number:	CM14-0127491		
Date Assigned:	09/23/2014	Date of Injury:	05/23/2012
Decision Date:	12/05/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 Preventive 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 46-year-old male with a 5/23/12 date of injury. At the time (7/30/14) of Decision for Caudal Epidural Steroid Injection with fluoroscopy with catheter with lysis of adhesions x 3, there is documentation of subjective (low back pain, right ankle pain and pain around the genitalia including the penis, scrotum, and testicles) and objective (positive straight leg raise and restricted range of motion of the lumbar spine) findings, imaging findings (Reported CT Scan of Lumbar spine (7/13/2012) revealed stability of the fusion and multiple small disc bulges at L3-L4 and L5-S1 levels; report not available for review), current diagnoses (bilateral lower extremity radiculopathy, lumbar back strain, and L4-L5 disc bulge status post surgery), and treatment to date (activity modifications, physical therapy, and medications). There is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes radicular findings in any 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 any level, and no more than two nerve root levels injected one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection with fluoroscopy with catheter with lysis of adhesions x 3: 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 Disability Guidelines (ODG) Low Back, Percutaneous Adhesiolysis

Decision rationale: Specifically regarding Epidural Steroid Injection, MTUS reference to ACOEM guidelines identifies documentation 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. In addition, ODG does not support a series of three injections. Specifically regarding lysis of adhesions, MTUS does not address the issue. ODG identifies that percutaneous adhesiolysis is not recommended. Within the medical information available for review, there is documentation of diagnoses of bilateral lower extremity radiculopathy, lumbar back strain, and L4-L5 disc bulge status post surgery. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, there is no documentation of the specific nerve root to be injected. In addition, despite documentation of subjective (low back pain, right ankle pain and pain around the genitalia including the penis, scrotum, and testicles) and objective (positive straight leg raise and restricted range of motion of the lumbar spine) findings, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in any nerve root distribution. Furthermore, despite documentation of reported imaging findings (CT Scan of Lumbar spine revealing stability of the fusion and multiple small disc bulges at L3-L4 and L5-S1 levels), 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) at any level. Moreover, there is no documentation that no more than two nerve root levels injected one session. Lastly, the request is for a series of three injections which is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Caudal Epidural Steroid Injection with fluoroscopy with Catheter with Lysis of Adhesions x 3 is not medically necessary.