MAXIMUS Federal Services

Case Number:	CM14-0134474		
Date Assigned:	09/03/2014	Date of Injury:	05/24/2014
Decision Date:	10/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/20/2014

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 and 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 29-year-old female with a 5/24/14 date of injury. At the time (7/15/14) of request for authorization for Lumbar epidural steroid injection and Spinal surgeon evaluation, there is documentation of subjective (back pain associated with leg weakness) and objective (decreased sensation to light touch in right upper thigh and back pain with hip flexion) findings, imaging findings (MRI of the Lumbar spine (5/27/14) report revealed development of mild disc degeneration at L1-2 and L5-S1, minimal annular bulges at L1-2 and L4-5, and a small broad-based central and right paracentral protrusion at L5-S1 with possible minimal impingement on the origin of the right S1 nerve root), current diagnoses (right hip joint pain and low back pain), and treatment to date (medications, chiropractic therapy, and physical therapy). Regarding lumbar epidural steroid injection, 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 findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis)) at each of the requested levels. Regarding Spinal surgeon evaluation, there is no documentation of persistent, severe, and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS), CRITERIA FOR THE USE OF EPIDUR. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Epidural Steroid Injections, Criteria for the use of Epidural Steroid Injections.

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 right hip joint pain and low back pain. In addition, there is documentation of failure of conservative treatment (medications, chiropractic therapy, and physical therapy). However, given no documentation of the specific nerve root level(s) to be addressed, 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. In addition, despite documentation of imaging findings (development of mild disc degeneration at L1-2 and L5-S1, minimal annular bulges at L1-2 and L4-5, and a small broad-based central and right paracentral protrusion at L5-S1 with possible minimal impingement on the origin of the right S1 nerve root), there is no (clear) documentation of imaging 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 injection is not medically necessary.

Spinal Surgeon Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Practice Guidelines, Chapter 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of persistent, severe, and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms, as criteria necessary to support the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of diagnoses of right hip joint pain and low back pain. In addition, there is documentation of failure of conservative treatment (medications, chiropractic therapy, and physical therapy). Furthermore, given documentation of objective (decreased sensation to light touch in right upper thigh) findings, there is documentation of objective signs of neural compromise. However, despite documentation of subjective (back pain associated with leg weakness) findings, and given documentation of imaging findings (development of mild disc degeneration at L1-2 and L5-S1, minimal annular bulges at L1-2 and L4-5, and a small broad-based central and right paracentral protrusion at L5-S1 with possible minimal impingement on the origin of the right S1 nerve root) there is no documentation of persistent, severe, and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy). Therefore, based on guidelines and a review of the evidence, the request for Spinal surgeon evaluation is not medically necessary.