

Case Number:	CM14-0134723		
Date Assigned:	08/29/2014	Date of Injury:	04/11/2013
Decision Date:	10/02/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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 29-year-old male with a 4/11/13 date of injury. At the time (7/31/14) of the decision for lumbar ESI injection L4-L5 with catheterization at L3-L4, there is documentation of subjective (low back pain and tenderness) and objective (pain with lumbar extension, tenderness to palpation at the lumbar spine, spasms, straight leg raise and decreased strength) findings, imaging findings (lumbar spine MRI (10/11/13) report revealed degenerative disc disease at L3-4 and L4-5 levels with posterior disc protrusion at L3-4 and L4-5 levels, although there is some near nerve root abutment within the lateral recesses and neural foraminal, no definitive nerve root impingement is seen at these levels), current diagnoses (lumbar spine herniated nucleus pulposus), and treatment to date (physical therapy and medications). There is no documentation of subjective and objective radicular findings and imaging findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI injection L4-L5 with catheterization at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The 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 transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnosis of lumbar spine herniated nucleus pulposus. In addition, there is documentation of failure of conservative treatment (medications, and physical modalities), and that no more than two nerve root levels are to be injected in one session. However, despite non-specific documentation of low back pain and decreased strenght, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings. In addition, given MRI findings consistent with degenerative disc disease at L3-4 and L4-5 levels with posterior disc protrusion at L3-4 and L4-5 levels, although there is some near nerve root abutment within the lateral recesses and neural foraminal, no definitive nerve root impingement is seen at these 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). Therefore, based on guidelines and a review of the evidence, the request for lumbar ESI injection L4-L5 with catheterization at L3-L4 is not medically necessary.