

Case Number:	CM14-0136221		
Date Assigned:	09/03/2014	Date of Injury:	04/13/2013
Decision Date:	09/29/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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 58-year-old female with a 4/12/13 date of injury. At the time (8/13/14) of request for authorization for Transforaminal Epidural Steroid Injection, on the right, at T5-S1, there is documentation of subjective (pain in middle and low back with numbness, burning, pins and needles pain, with aching, stabbing, pins and needles pain across low back that radiates down right leg, and burning, numbness pin and needles pain in left knee, pain rated 8/10) and objective (tenderness to palpation of lumbar spine extending into bilateral paraspinal region right greater than left, sensation diminished in left L5 and S1 dermatomes, motor strength of right hamstring, tibialis anterior, extensor hallucis longus, and inversion 4+/5, hyperreflexic patellar and Achilles reflexes bilaterally, and positive Hoffmann's test bilaterally) findings. The lumbar spine MRI (3/28/14) report revealed diffuse disc herniation which causes mild stenosis of the spinal canal and bilateral lateral recess; disc material and facet hypertrophy cause stenosis of the bilateral neural foramen. The current diagnoses are herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, and herniated nucleus pulposus of thoracic spine. The treatment to date includes chiropractic therapy (3 sessions completed to date with minimal relief), home exercise program, activity modifications, and medications (including Tylenol, Advil, Aleve, Norco, Flexeril, and LidoPro cream). Medical report identifies a plan for Transforaminal Epidural Steroid Injection on the right, at L5-S1 and indicates patient has not had physical therapy or acupuncture treatments. There is no documentation of subjective radicular findings in the requested nerve root distribution and failure of additional conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection, on the right, at T5-S1: 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 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. The Official Disability Guidelines 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 herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, and herniated nucleus pulposus of thoracic spine. In addition, there is documentation of a plan for Transforaminal Epidural Steroid Injection, on the right at L5-S1. Furthermore, there is documentation of objective (sensory changes and reflex changes) radicular findings in the requested nerve root distribution, imaging (MRI) findings (neural foraminal stenosis) at the requested level, failure of conservative treatment (activity modification and medications), and no more than two nerve root levels injected one session. However, despite nonspecific documentation of subjective (pain in middle and low back with numbness, burning, pins and needles pain, with aching, stabbing, pins and needles pain across low back that radiates down right leg, and burning, numbness pin and needles pain in left knee) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution. In addition, despite documentation of 3 chiropractic treatments to date with minimal relief and given no documentation of physical therapy or acupuncture treatment to date, there is no (clear) documentation of failure of additional conservative therapy (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for TFESI (Transforaminal Epidural Steroid Injection), on the right, at T5-S1 is not medically necessary.