

Case Number:	CM14-0136303		
Date Assigned:	09/03/2014	Date of Injury:	05/30/2013
Decision Date:	10/07/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/24/2014

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 51-year-old male with a 5/30/13 date of injury. At the time (7/29/14) of request for authorization for 1 lumbar epidural steroid injection at the L4-L5 and L5-S1 levels, there is documentation of subjective (low back pain radiating to left leg) and objective (tenderness over the lumbar spine with decreased range of motion, decreased sensation on left leg, and positive left straight leg raising test) findings, imaging findings (MRI of the lumbar spine (4/4/14) report revealed right foraminal stenosis at L5-S1 with compression of the right L5 nerve root and mild to moderate canal stenosis at L4-L5 with facet arthropathy, ligamentum flavum hypertrophy, and small disc osteophyte with probable mild compression of the right L4 and L5 nerve roots), current diagnoses (lumbar disc degenerative disease), and treatment to date (medications). There is no documentation of specific subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in a correlating nerve root distribution, and failure of additional conservative treatment (activity modification and physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR EPIDURAL STEROID INJECTION AT THE L4-L5 AND L5-S1 LEVELS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 a diagnosis of lumbar disc degenerative disease. In addition, there is documentation of failure of conservative treatment (medications). Furthermore, there is documentation of imaging (nerve root compression and foraminal stenosis) findings at the requested levels. However, despite nonspecific documentation of subjective (low back pain radiating to left leg) and objective (decreased sensation on left leg and positive left straight leg raising test) findings, there is no specific (to nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in a correlating nerve root distribution. In addition, there is no documentation of failure of additional conservative treatment (activity modification and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for 1 lumbar epidural steroid injection at the L4-L5 and L5-S1 levels is not medically necessary.