

Case Number:	CM14-0141584		
Date Assigned:	09/10/2014	Date of Injury:	05/13/2013
Decision Date:	12/12/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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 & 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 45-year-old male with a 5/13/13 date of injury. At the time (7/30/14) of request for authorization for Caudal epidural steroid injection x 1, there is documentation of subjective (left sided lumbar pain that radiates down to the left buttock) and objective (decreased range of motion of the lumbar spine and negative straight leg raise) findings, imaging findings (Reported MRI of the lumbar spine (6/19/14) revealed a mild degenerative changes of the lumbar spine extending from the level of L2-L3 through L4-L5; there is a left foraminal annular tear and a left eccentric disc bulge of 2-3 mm resulting in mild central canal spinal stenosis, mild stenosis of the left subarticular recess and left neural foramen at L4-L5; and there is abutment of the traversing left L5 nerve root and exiting left L4 nerve root; report not available for review), current diagnoses (lumbar spine strain and lumbar spine radiculopathy), and treatment to date (medications). There is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in what would be the specific level(s) to be addressed; imaging (MRI, CT, myelography, or CT myelography & x-ray) report (nerve root compression OR MODERATE or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at what would be the specific level(s) to be addressed; failure of additional conservative treatment (activity modification and physical modalities), and no more than two nerve root levels to be 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 x 1: 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. 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. Within the medical information available for review, there is documentation of diagnoses of lumbar spine strain and lumbar spine radiculopathy. In addition, there is documentation of failure of conservative treatment (medications). However, despite documentation of subjective (left sided lumbar pain that radiates down to the left buttock) and objective (decreased range of motion of the lumbar spine and negative straight leg raise) findings, and 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) findings in what would be the specific level(s) to be addressed, and no more than two nerve root levels to be injected one session. In addition, despite documentation of medical reports' reported imaging findings (MRI of the lumbar spine identifying a mild degenerative changes of the lumbar spine extending from the level of L2-L3 through L4-L5; there is a left foraminal annular tear and a left eccentric disc bulge of 2-3 mm resulting in MILD central canal spinal stenosis, MILD stenosis of the left subarticular recess and left neural foramen at L4-L5; and there is abutment of the traversing left L5 nerve root and exiting left L4 nerve root), there is no documentation of an imaging (MRI, CT, myelography, or CT myelography & x-ray) report (nerve root compression OR MODERATE or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) what would be the specific level(s) to be addressed. Furthermore, there is no documentation of failure of additional conservative treatment (activity modifications and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Caudal Epidural Steroid Injection x 1 is not medically necessary.