

Case Number:	CM14-0151067		
Date Assigned:	09/19/2014	Date of Injury:	05/13/2014
Decision Date:	11/10/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 44-year-old male with a 5/13/14 date of injury. At the time (9/11/14) of request for authorization for Lumbar Epidural Steroid (ESI) Injection, there is documentation of subjective (constant moderate pain in the low back, associated numbness of both legs) and objective (paralumbal muscle spasm noted) findings, imaging findings (lumbar spine MRI (5/21/14) report revealed right eccentric disc extrusion/bulge at L4-5 minimally displaces the L5 nerve roots in the axillary recesses, right greater than left; right eccentric disc extrusion/bulge at L5-S1 minimally displaces the right S1 nerve root in the right axillary recess, disc bulge minimally abuts the left S1 nerve root, mild to moderate bilateral L5-S1 foraminal narrowing, L5 nerve roots marginally exit freely, positional impingement not excluded), current diagnoses (lumbar intervertebral disc w/o myelopathy), and treatment to date (medications, activity modification, and epidural steroid injection). 6/25/14 medical report identifies that the patient had beneficial results with epidural steroid injection received in 06. There is no documentation of subjective and objective radicular findings in what would be the requested nerve root distribution(s), imaging findings at what would be the requested level(s), and failure of additional conservative treatment (physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid (ESI) Injection: Upheld

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

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 transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnosis of lumbar intervertebral disc w/o myelopathy. In addition, there is documentation of failure of conservative treatment (activity modification and medications). However, given that there is no documentation of the requested 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 what would be the requested nerve root distribution(s), 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 what would be the requested level(s). In addition, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Lumbar Epidural Steroid (ESI) Injection is not medically necessary.