

Case Number:	CM14-0153680		
Date Assigned:	09/23/2014	Date of Injury:	11/08/2008
Decision Date:	11/12/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/19/2014

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 49-year-old male with an 11/8/08 date of injury. At the time (8/27/14) of Decision for Lumbar Epidural Steroid Injection, there is documentation of subjective (right knee pain) and objective (tenderness to palpitation over the lumbar paravertebral muscles, decreased range of motion of the lumbar spine, and positive straight leg raise test on the right) findings, current diagnoses (internal derangement of the right knee, rule out herniated nucleus pulposus, and myofascial strain to the lumbosacral spine), and treatment to date (physical therapy and medication). There is no documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex) radicular findings; an 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); failure of additional of conservative treatment (activity modifications); and no more than two nerve root levels injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steorid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

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 diagnoses of internal derangement of the right knee, rule out herniated nucleus pulposus, and myofascial strain to the lumbosacral spine. In addition, there is documentation of failure of conservative treatment (medications and physical modalities). However, there is no documentation of the specific nerve root levels to be addressed. In addition, despite nonspecific documentation of subjective findings (right knee pain), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings. Furthermore, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings. Moreover, there is no documentation of an 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). Lastly, there is no documentation of failure of additional of conservative treatment (activity modifications) and no more than two nerve root levels injected in one session. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Epidural Steroid Injection is not medically necessary.