

Case Number:	CM14-0156147		
Date Assigned:	09/25/2014	Date of Injury:	03/21/2006
Decision Date:	10/27/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/23/2014

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 53-year-old male with a 3/21/06 date of injury. At the time (7/14/14) of request for authorization for Bilateral Transforaminal Lumbar Epidural Steroid Injection (LESI) at L5-S1 Lumbar Spine, there is documentation of subjective (low back pain; limited lumbar range of motion; and weakness, numbness, and tingling over both legs) and objective (weak grip on both arms, tenderness over lumbar spinous and paraspinal muscles, bilateral quadriceps and hamstring motor strength of 4/5) findings, imaging findings (MRI lumbar spine (2/14/14) report revealed L4-L5 and L5-S1 facet and ligamentum hypertrophy, patent spinal canal, bilateral recesses, and bilateral neural foramen), current diagnoses (lumbar musculoligamentous injury, lumbar paraspinal muscle spasms, lumbar disc herniation, and lumbar radiculitis/radiculopathy), and treatment to date (home exercise, trigger point injections, physical therapy, acupuncture, and medications). There is no documentation of 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Lumbar Epidural Steroid Injection (LESI) at L5-S1 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection 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 epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of lumbar musculoligamentous injury, lumbar paraspinal muscle spasms, lumbar disc herniation, and lumbar radiculitis/radiculopathy. In addition, there is documentation of subjective (pain, numbness, and tingling) and objective (motor changes) radicular findings in each of the requested nerve root distributions, and failure of conservative treatment (activity modification, medications, and physical modalities). However, given documentation of imaging finding (MRI lumbar spine identifying patent spinal canal, bilateral recesses, and bilateral neural foramen at L4-L5 and L5-S), there is no documentation of 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. Therefore, based on guidelines and a review of the evidence, the request for Bilateral Transforaminal Lumbar Epidural Steroid Injection (LESI) at L5-S1 Lumbar Spine is not medically necessary.