

Case Number:	CM14-0167427		
Date Assigned:	10/14/2014	Date of Injury:	09/14/2012
Decision Date:	12/02/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/10/2014

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 37-year-old female with a 9/14/12 date of injury. At the time (9/2/14) of request for authorization for (L) Nerve Root Transforaminal Epidural Injection L5,S1 and Tramadol 50MG # 90, there is documentation of subjective (low back pain, hamstrings pain bilaterally, right calf pain, pins and needles sensations in the feet, and increased tingling in patient's feet when sitting down) and objective (decreased range of motion of the lumbar spine, tenderness to palpitation over the lumbar spine and S1 joint, positive bilateral L4-5 and L5-S1 right>Left facet loading, and normal lower extremities motor strength, sensations, and deep tendon reflexes) findings, imaging findings (MRI of the lumbar spine (6/12/14) report revealed chronic bilateral L5 pars defect and resulting mild anterolisthesis of L5 on S1 with mild circumferential disc osteophyte formation; there is resulting moderate bilateral foraminal narrowing at L5-S1; and central canal remains widely patent), current diagnoses (L4-L5 and L5-S1 facet arthropathy in the right greater than left, spondylolisthesis at L5-S1 with bilateral pars fracture, myofascial pain syndrome, herniated disc lumbar spine, and lumbar radiculitis bilateral L5), and treatment to date (Chiropractic treatment, Acupuncture treatments, Physical therapy, radiofrequency ablation at the bilateral L4-5 and L5-S1, Medial Branch Block, and medications (including ongoing treatment with Norco)). Regarding (L) Nerve Root Transforaminal Epidural Injection L5, S1, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) Nerve Root Transforaminal Epidural Injection L5, S1: 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 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 L4-L5 and L5-S1 facet arthropathy in the right greater than left, spondylolisthesis at L5-S1 with bilateral pars fracture, myofascial pain syndrome, herniated disc lumbar spine, and lumbar radiculitis bilateral L5. In addition, given documentation of imaging findings (MRI of the lumbar spine report revealed chronic bilateral L5 pars defect and resulting mild anterolisthesis of L5 on S1 with mild circumferential disc osteophyte formation; there is resulting moderate bilateral foraminal narrowing at L5-S1; and central canal remains widely patent), there is documentation of imaging (MRI) findings (moderate or greater neural foraminal stenosis) at each of the requested levels. Furthermore, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). Lastly, given documentation of a request for (L) Nerve Root Transforaminal Epidural Injection L5, S1, there is documentation of no more than two nerve root levels injected one session. However, despite documentation of subjective (low back pain, hamstrings pain bilaterally, right calf pain, pins and needles sensations in the feet, and increased tingling in patient's feet when sitting down), there is no documentation of subjective (subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions. In addition, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. Therefore, based on guidelines and a review of the evidence, the request for (L) Nerve Root Transforaminal Epidural Injection L5, S1 is not medically necessary.