

Case Number:	CM14-0167751		
Date Assigned:	10/15/2014	Date of Injury:	06/06/2008
Decision Date:	11/18/2014	UR Denial Date:	09/25/2014
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 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 64-year-old female with a 6/6/08 date of injury. At the time (9/25/14) of request for authorization for lumbar spine epidural steroid injection L4-L5, L5-S1, there is documentation of subjective (low back pain rated 9/10) and objective (lumbar spine limited range of motion, positive cross bilaterally, decreased ankle reflexes bilaterally, hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L5-S1 dermatome distribution, weakness in the big toe dorsiflexor and big toe planter flexor) findings, current diagnoses (lumbar spine sprain/strain, disc herniation lumbar spine with radiculitis/radiculopathy), and treatment to date (activity modification). There is no documentation of subjective radicular findings in each of the requested nerve root distributions, imaging findings at each of the requested levels, and failure of additional conservative treatment (medications, and physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 diagnoses of lumbar spine sprain/strain, disc herniation lumbar spine with radiculitis/ radiculopathy). In addition, there is documentation of objective (sensory changes, motor changes, and reflex changes) radicular findings in each of the requested nerve root distributions, failure of conservative treatment (activity modification), and that no more than two nerve root levels are to be injected one session. However, despite non-specific documentation of low back pain, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions. In addition, 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, and failure of additional conservative treatment (medications, and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Lumbar Spine Epidural Steroid Injection L4-L5, L5-S1 is not medically necessary.