

Case Number:	CM14-0179464		
Date Assigned:	11/03/2014	Date of Injury:	08/11/2008
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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 61-year-old male with an 8/11/08 date of injury. At the time (7/30/14) of request for authorization for Epidural Injection Left L4-L5 and Left L5-S1, there is documentation of subjective (bilateral low back pain radiating to medial left thigh as well as medial left calf with numbness/tingling) and objective (tenderness over thoracic and lumbar paraspinal muscle, restricted lumbar as well as bilateral lower extremity range of motion, and decreased muscle strength of left extensor hallucis longus, left tibialis anterior, as well as left gastrocnemius soleus muscle strength) findings, imaging findings (reported MRI lumbar spine (date unspecified) revealed severe L4 neural foraminal stenosis and severe bilateral L5 neural foraminal stenosis; report not available for review), current diagnoses (chronic bilateral L5 radiculopathy, severe L4 neural foraminal stenosis, and lumbar facet joint arthropathy, and central disc protrusion at L5-S1), and treatment to date (physical therapy, previous right L4-5/L5-S1 epidural injection, home exercise program, and medications). There is no documentation of an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injection Left L4-L5 and Left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14) MRIs (magnetic resonance imaging)

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 chronic bilateral L5 radiculopathy, severe L4 neural foraminal stenosis, and lumbar facet joint arthropathy, and central disc protrusion at L5-S1. In addition, given documentation of subjective (bilateral low back pain radiating to medial left thigh as well as medial left calf with numbness/tingling) and objective (decreased muscle strength of left extensor hallucis longus, left tibialis anterior, as well as left gastrocnemius soleus muscle strength) findings, there is documentation of subjective (pain, numbness, and tingling) and objective (motor changes) radicular findings in each of the requested nerve root distributions. Furthermore, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities); and no more than two nerve root levels injected one session. However, despite documentation of the medical reports' reported imaging findings (MRI of lumbar spine identifying severe L4 neural foraminal stenosis and severe bilateral L5 neural foraminal stenosis), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for Epidural Injection Left L4-L5 and Left L5-S1 is not medically necessary.