

Case Number:	CM14-0021000		
Date Assigned:	04/30/2014	Date of Injury:	11/23/2005
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 60-year-old female with an 11/23/05 date of injury. At the time (10/24/13) of request for authorization for epidural steroid injection at T6-T7 under fluoroscopic guidance, there is documentation of subjective (low back and lower extremity pain) and objective (decreased sensation in the L5 and S1 dermatome, weakness in extension, and reduced knee range of motion) findings, current diagnoses (thoracic disc bulges and lumbar facet arthropathy), and treatment to date (medications). There is no documentation of objective radicular findings in the requested nerve root distribution and imaging findings at the requested level.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION AT T6-T7 UNDER FLUOROSCOPIC GUIDANCE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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) 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 thoracic epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of thoracic disc bulges and lumbar facet arthropathy. In addition, there is documentation of subjective (pain) radicular findings in the requested nerve root distribution, failure of conservative treatment (activity modification and medications), and no more than two nerve root levels injected one session. However, there is no documentation of objective (sensory changes) radicular findings in the requested nerve root distribution. 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 the requested level. Therefore, based on guidelines and a review of the evidence, the request for epidural steroid injection at T6-T7 under fluoroscopic guidance is not medically necessary.