

Case Number:	CM14-0021408		
Date Assigned:	05/07/2014	Date of Injury:	06/15/2011
Decision Date:	12/23/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/20/2014

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 48-year-old male with a 6/15/11 date of injury. At the time (1/17/14) of request for authorization for fluoroscopic guided transforaminal epidural steroid injection at L5-S1 bilateral, there is documentation of subjective (increasing pain of the lower back radiating down to both lower extremities) and objective (tenderness to palpation over the lumbar spine, positive straight leg raise, decreased sensation along the posterolateral thigh and posterolateral calf bilaterally, and decreased patellae and Achilles deep tendon reflexes) findings, imaging findings (reported MRI of the lumbar spine (9/6/11) revealed L5-S1 circumferential disc herniation with annular tear compressing the thecal sac, bilateral transiting nerve roots with spinal canal stenosis, and bilateral neuroforaminal stenosis compression with bilateral external nerve roots and facet arthrosis; and there is degenerative disc disease at L5-S1; report not available for review), current diagnoses (degenerative disc disease L5-S1 with associated facet arthropathy), and treatment to date (medications). There is no documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions, imaging report, and failure of additional conservative treatment (activity modification and physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPIC GUIDED TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L5-S1 BILATERAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS (ESIs), CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

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 a diagnosis of degenerative disc disease L5-S1 with associated facet arthropathy. In addition, given documentation of objective findings (tenderness to palpation over the lumbar spine, positive straight leg raise, decreased sensation along the posterolateral thigh and posterolateral calf bilaterally, and decreased patellae and Achilles deep tendon reflexes), there is documentation of objective (sensory changes and reflex changes) radicular findings in each of the requested nerve root distributions. Furthermore, there is documentation of failure of conservative treatment (medications). Lastly, given documentation of a request for epidural steroid injection at L5-S1 bilateral, there is documentation of no more than two nerve root levels injected one session. However, despite documentation of nonspecific subjective (increasing pain of the lower back radiating down to both lower extremities) findings, 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, despite documentation of imaging report (MRI of the lumbar revealing L5-S1 circumferential disc herniation with annular tear compressing the thecal sac, bilateral transiting nerve roots with spinal canal stenosis, and bilateral neuroforaminal stenosis compression with bilateral external nerve roots and facet arthrosis; and there is degenerative disc disease at L5-S1), there is no documentation of an imaging report. Furthermore, there is no documentation of failure of additional conservative treatment (activity modifications and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for fluoroscopic guided transforaminal epidural steroid injection at L5-S1 bilateral is not medically necessary.