

Case Number:	CM14-0027483		
Date Assigned:	06/20/2014	Date of Injury:	07/06/1988
Decision Date:	10/21/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/04/2014

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 61-year-old male with a 7/6/88 date of injury. At the time (2/9/14) of request for authorization for trans epidural injection right lumbar 1-2 and lumbar 3-4, there is documentation of subjective (low back pain radiation to the lower extremities) and objective (decreased range of motion) findings, imaging findings (MRI lumbar spine (2/19/14) report revealed moderate left and milder right foraminal narrowing at L1-2; partial effacement of the epidural fat in the lateral recesses at L3-4 with contact on the left traversing L4 roots), current diagnoses (lumbar radiculopathy and lumbar degenerative disc disease), and treatment to date (physical therapy and medications). There is no specific (to a nerve root 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; and imaging findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels (right lumbar 1-2 and lumbar 3-4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Trans epidural injection right L1-2 and L3-4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 lumbar radiculopathy and lumbar degenerative disc disease. In addition, 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 non-specific documentation of subjective (low back pain radiation to the lower extremities) and objective (decreased range of motion) findings, there is no specific (to a nerve root 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. In addition, given documentation of imaging findings (MRI lumbar spine identifying moderate left and milder right foraminal narrowing at L1-2; partial effacement of the epidural fat in the lateral recesses at L3-4 with contact on the left traversing L4 roots), there is no documentation of imaging findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels (RIGHT lumbar 1-2 and lumbar 3-4). Therefore, based on guidelines and a review of the evidence, the request for trans epidural injection right L1-2 and L3-4 is not medically necessary.