

Case Number:	CM14-0030594		
Date Assigned:	06/20/2014	Date of Injury:	01/20/2005
Decision Date:	08/06/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/10/2014

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 63-year-old male with a 1/20/05 date of injury and status post lumbar fusion of L3-4 and L4-5 2/7/12. At the time (2/18/14) of request for authorization for Transforaminal Lumbar Epidural Steroid Injection, Bilateral, L5-S1, there is documentation of subjective (low back pain radiating to the legs and into the feet with numbness and tingling) and objective (tenderness to palpation over the lumbar spine with spasms and hypertonicity, decreased lumbar range of motion, positive straight leg raise bilaterally, diminished sensation along the bilateral L4, L5 and S1 root distributions, weakness with ankle dorsiflexion and plantar flexion, weakness of the extensor hallucis longus bilaterally, and diminished reflexes of the bilateral Achilles) findings, current diagnoses (lumbar post-laminectomy syndrome, lumbar facet arthropathy, and lumbar degenerative disc disease), and treatment to date (medications, activity modification, physical modalities, and home exercise program). 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steroid Injection, Bilateral, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESI), Criteria for the use of Epidural Steroid Injections.

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: The 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. The 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 and 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 post-laminectomy syndrome, lumbar facet arthropathy, and lumbar degenerative disc disease. In addition, there is documentation of subjective (pain, numbness, and tingling) and objective (sensory changes and motor changes) radicular findings in the requested nerve root distributions, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session. However, 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 Transforaminal Lumbar Epidural Steroid Injection, Bilateral, L5-S1 is not medically necessary.