

Case Number:	CM14-0033448		
Date Assigned:	06/20/2014	Date of Injury:	09/11/2013
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/17/2014

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, and has a subspecialty in Pain Medicine 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 59-year-old male with a 9/11/13 date of injury. At the time (3/3/14) of request for authorization for bilateral L4-S1 transforaminal epidural steroid injection under fluoroscopy, there is documentation of subjective (lower back pain, pain radiating to both legs up to the back of the thigh) and objective (well-preserved strength and sensation, DTRs (Deep tendon reflexes) 2+, and positive straight leg raise bilaterally) findings, imaging findings (lumbar spine MRI (2/18/14) report revealed L4-5 mild to moderate central canal and bilateral foraminal stenosis, and L5-S1 mild dorsal bulging of the disc with mild to moderate facet arthrosis and mild hypertrophy of ligamentum flavum; the central canal, foramina, and lateral recesses are patent), current diagnoses (iliolumbar strain, lumbosacral strain, myofascial strain, central canal stenosis, bilateral foraminal impingement due to canal stenosis), and treatment to date (activity modification, physical therapy, and medications). There is no documentation of subjective and objective radicular findings in each of the requested nerve root distributions, and imaging findings at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Transforaminal Epidural Steroid Injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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 transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of iliolumbar strain, lumbosacral strain, myofascial strain, central canal stenosis, bilateral foraminal impingement due to canal stenosis. In addition, there is documentation of imaging (MRI) findings (central canal stenosis and neural foraminal stenosis) at the L4-5 level, and failure of conservative treatment (activity modification, medications, and physical modalities), and that no more than two nerve root levels are to be injected one session. However, despite documentation of lower back pain, pain radiating to both legs up to the back of the thigh, there is no documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions. In addition, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. Furthermore, given MRI findings of L5-S1 mild dorsal bulging of the disc with mild to moderate facet arthrosis and mild hypertrophy of ligamentum flavum; the central canal, foramina, and lateral recesses are patent, 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 L5-S1 level. Therefore, based on guidelines and a review of the evidence, the request for bilateral L4-S1 transforaminal epidural steroid injection under fluoroscopy is not medically necessary.