

Case Number:	CM14-0039318		
Date Assigned:	06/27/2014	Date of Injury:	04/28/2011
Decision Date:	07/28/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	04/03/2014

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 female with a 4/28/11 date of injury. At the time of request for authorization for two (2) outpatient lumbar transforaminal epidural steroid injections (ESI) on right at L4-5, L5-S1 levels under fluoroscopy and anesthesia and two (2) outpatient cervical epidural steroid injections (ESI) with catheterization on left at the C7-T1 level, there is documentation of subjective findings of neck pain radiating to the right medial scapular area to the fingers (middle and ring), and low back pain radiating to the bilateral lower extremities extending to the feet with numbness. There is also objective findings of decreased cervical range of motion, tenderness to palpation over the lumbar facet joints at L3-S1 with decreased range of motion, left arm weakness, decreased bilateral triceps reflexes (C7), and decreased sensation of the left lateral and posterior upper extremity (C5 and C6). The imaging findings of MRI of the lumbar spine (8/8/13) report revealed mild left-sided neural foraminal stenosis at L4-5 and moderate-to-severe right-sided neural foraminal stenosis encroaching upon the exiting L5 nerve root at L5-S1; MRI of the cervical spine (8/8/13) report revealed mild spinal canal stenosis and moderate left-sided neural foraminal stenosis at C3-4, moderate right-sided neural foraminal stenosis at C4-5, mild bilateral neural foraminal stenosis and mild spinal stenosis at C5-6, mild spinal canal stenosis and mild right-sided neural foraminal stenosis at C6-7, and no spinal canal or neural foraminal stenosis at C7-T1. The current diagnoses are chronic cervical spine and lumbar spine pain with radiculopathy. The treatment to date includes physical therapy, medications, and activity modification. Regarding two (2) outpatient lumbar transforaminal epidural steroid injections (ESI) on right at L4-5, L5-S1 levels under fluoroscopy and anesthesia, there is no documentation of objective findings of sensory changes, motor changes, or reflex changes, radicular findings in each of the requested nerve root distributions and imaging findings (moderate or greater neural

foraminal stenosis) at L4-5. Regarding two (2) outpatient cervical epidural steroid injections (ESI) with catheterization on left at the C7-T1 level, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution and imaging 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:

Two (2) outpatient lumbar transforaminal epidural steroid injections (ESI) on right at L4-5, L5-S1 levels under fluoroscopy and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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: California MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. 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, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of a diagnosis of chronic cervical spine pain with radiculopathy. In addition, there is documentation of subjective (pain) radicular findings in the requested nerve root distribution and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite documentation of objective radicular findings (left arm weakness, decreased bilateral triceps reflexes (C7), and decreased sensation of the left lateral and posterior upper extremity (C5 and C6)), there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested C7-T1 distribution. In addition, given documentation of imaging findings (MRI of the cervical spine identifying no spinal canal or neural foraminal stenosis at C7-T1), 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 the requested level. Furthermore, there is no documentation of a rationale identifying the medical necessity of the requested two (2) outpatient cervical epidural steroid injections (ESI). Therefore, based on guidelines and a review of the evidence, the request for two (2) outpatient cervical epidural steroid injections (ESI) with catheterization on left at the C7-T1 level is not medically necessary.

Two (2) outpatient cervical epidural steroid injections (ESI) with catheterization on left at the C7-T1 level.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: California 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 chronic lumbar spine pain with radiculopathy. In addition, there is documentation of subjective (pain and numbness) radicular findings in each of the requested nerve root distributions, imaging (MRI) findings (neural foraminal stenosis at L5-S1), failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session. However, despite documentation of objective findings (tenderness to palpation over the lumbar facet joints at L3-S1 with decreased range of motion); there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. In addition, despite documentation of imaging findings (MRI of the lumbar spine identifying MILD left-sided neural foraminal stenosis at L4-5), there is no documentation of imaging findings (moderate or greater neural foraminal stenosis) at L4-5. Furthermore, there is no documentation of a rationale identifying the medical necessity of the requested two (2) outpatient lumbar transforaminal epidural steroid injections (ESI). Therefore, based on guidelines and a review of the evidence, the request for two (2) outpatient lumbar transforaminal epidural steroid injections (ESI) on right at L4-5, L5-S1 levels under fluoroscopy and anesthesia is not medically necessary.