

Case Number:	CM14-0040264		
Date Assigned:	06/27/2014	Date of Injury:	11/08/2010
Decision Date:	07/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/07/2014

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 58-year-old female with an 11/8/10 date of injury. At the time (3/13/14) of request for authorization for right L4-5 transforaminal epidural steroid injection and , there is documentation of subjective (low back pain radiating to the right lower extremity with numbness in the right anterolateral thigh) and objective (tenderness to palpation over the lumbar paraspinals and spinous processes, decreased lumbar range of motion, diminished sensation in the right anterolateral thigh, and positive seated straight leg raise on the right) findings, imaging findings (Reported MRI of the lumbar spine (6/13/11) revealed lateral recess narrowing at L4-5; report not available for review), current diagnoses (right lumbar radiuclopathy, right lateral femoral cutaneous neuropathy, lumbar spondylosis, and chronic low back pain), and treatment to date (medications (NSAIDs), physical therapy, and activity modification). In addition, medical report plan identifies follow up one to two weeks after the injection to assess the patient's progress and determine if further treatment is necessary. Regarding right L4-5 transforaminal epidural steroid injection, there is no documentation of an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS 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 epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of right lumbar radiuclopathy, right lateral femoral cutaneous neuropathy, lumbar spondylosis, and chronic low back pain. In addition, there is documentation of subjective (pain and numbness) and objective (sensory changes) radicular findings in the requested nerve root distribution, failure of conservative treatment, (activity modification, medications, and physical modalities), and no more than two nerve root levels injected in one session. However, despite documentation of 2/13/14 medical reports, (MRI of the lumbar spine identifying lateral recess narrowing at L4-5), there is no documentation of an imaging report available to review. Therefore, based on guidelines and a review of the evidence, the request for right L4-5 transforaminal epidural steroid injection is not medically necessary.

Office visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) and Criteria for use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of right lumbar radiuclopathy, right lateral femoral cutaneous neuropathy, lumbar spondylosis, and chronic low back pain. However, despite documentation of a planidentifying follow up one to two weeks after the injection to assess the patient's progress and determine if further treatment is necessary, and given non-certification of the associated request for lumbar epidural steroid injection, there

is no documentation of the medical necessity of the requested office visit. Therefore, based on guidelines and a review of the evidence, the request for office visit is not medically necessary.