

Case Number:	CM14-0046512		
Date Assigned:	07/07/2014	Date of Injury:	03/07/2013
Decision Date:	08/27/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/15/2014

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 Occupational 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:

This case involves a 23 year old male with a 03/07/2013 date of injury. The request for authorization dated 02/13/2014 is for injections for myelogram. The subjective findings are lumbar pain that radiates down the bilateral lower extremities to the knee. The objective findings are positive tenderness to palpation over the L2 to L5 spinous process; positive paraspinal hypertonicity; myofascial trigger points at the L2-L5 levels; sciatic notches on the bilateral sides are tender; sensation is reduced in the bilateral anterior thighs left greater than right (L3-4); decreased range of motion, and positive facet loading. The MRI of the lumbar spine dated 09/09/2013 revealed L3-4 disc level shows a 4-mm midline disc bulge indenting the anterior portion of the lumbosacral sac; the neural foramina appear patent and bony hypertrophy of the articular facets. The current diagnosis includes lumbar radiculopathy and L3-4 herniated nucleus pulposus. The treatment to date is medication and physical therapy. In addition, there is documentation of a request for bilateral L3-4 transforaminal epidural steroid injection under fluoroscopic guidance x1. There is no documentation of imaging findings of 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:

Injection for myelogram: 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 transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and L3-4 herniated nucleus pulposus. In addition, there is documentation of subjective (pain) and objective (sensory changes, motor changes) radicular findings in the requested nerve root distribution, and failure of conservative treatment (activity modification, medications, and physical modalities). However, given documentation of imaging findings (MRI of the lumbar spine identifying L3-4 disc level shows a 4-mm midline disc bulge indenting the anterior portion of the lumbosacral sac. The neural foramina appear patent. Bony hypertrophy of the articular facets. Lateral recesses are clear), 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 injection for myelogram is not medically necessary.