

Case Number:	CM14-0048005		
Date Assigned:	07/02/2014	Date of Injury:	12/14/2006
Decision Date:	08/01/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/16/2014

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 59-year-old male with a 12/14/06 date of injury and status post lumbar L4-5 decompression in 2008. At the time (3/26/14) of request for authorization for Transforaminal epidural steroid injection at the left L3, L4, and L5 under fluoroscopic guidance, the patient had low back pain radiating to the buttocks, left upper leg pain, left ankle pain, left foot pain, decreased sensation along the left L5 and S1 dermatomes and decreased knee and ankle reflexes. An MRI of the lumbar spine on 5/20/08 revealed inflammation around the left L4 nerve root with possible compression; moderate to severe neuroforaminal narrowing bilaterally at L4-5; and mild bulge at L5-S1 level with posterior annular tear and facet joint arthropathy. The patient's current diagnoses included lumbar post-laminectomy syndrome and lumbar intervertebral disc degeneration. The treatment to date includes physical therapy, medications, and activity modification. In addition, medical report plan identifies transforaminal epidural steroid injection to the left L3-L4 and left L4-L5 levels. 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:

Transforaminal epidural steroid injection at the left L3,L4, and L5 under fluroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

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. The ODG identifies documentation of subjective and objective radicular findings in each of the requested nerve root distributions, imaging at each of the requested levels, failure of conservative treatment, 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 and lumbar intervertebral disc degeneration. In addition, there is documentation of a plan identifying transforaminal epidural steroid injection to the left L3-L4 and left L4-L5 levels. Furthermore, there is documentation of subjective (pain) and objective (sensory and reflex changes) radicular findings in each of 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, despite documentation of 3/26/14 medical report's reported imaging findings (MRI of the lumbar spine identifying inflammation around the left L4 nerve root with possible compression; moderate to severe neuroforaminal narrowing bilaterally at L4-5; and mild bulge at L5-S1 level with posterior annular tear and facet joint arthropathy, most severe at L4-L5 rather than L5-S1 level), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for Transforaminal epidural steroid injection at the left L3, L4, and L5 under fluoroscopic guidance is not medically necessary.