

Case Number:	CM14-0052279		
Date Assigned:	07/07/2014	Date of Injury:	10/08/2013
Decision Date:	12/26/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/21/2014

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 30-year-old male with a 10/8/13 date of injury. At the time (3/14/14) of request for authorization for Bilateral L4-5 Lumbar epidural steroid injection, additional level x2, lumbar epidurogram, fluoroscopic guidance, IV sedation, there is documentation of subjective (chronic low back pain) and objective (positive straight leg raise and slump tests, decreased range of motion of the lumbar spine) findings, imaging findings (MRI of the Lumbar spine (3/10/14) report revealed an L4-L5 5mm broad-based right paracentral protrusion and annular bulge moderately narrowing the right L5 lateral recess; there is abutment and displacement of the descending right L5 nerve root with mild to moderate narrowing of the central canal; and mild bilateral foraminal stenosis), current diagnoses (lumbar region sprain/strain and lumbar disc displacement without myelopathy), and treatment to date (activity modification, physical therapy, chiropractic treatments, and medications). There is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Lumbar epidural steroid injection, additional level x2 with lumbar Epidurogram, fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 lumbar region sprain/strain and lumbar disc displacement without myelopathy. In addition, given documentation of imaging findings (MRI of the Lumbar spine report identifying an L4-L5 5mm broad-based right paracentral protrusion and annular bulge moderately narrowing the right L5 lateral recess; there is abutment and displacement of the descending right L5 nerve root with mild to moderate narrowing of the central canal; and mild bilateral foraminal stenosis), there is documentation of imaging (MRI) findings (moderate or greater central canal stenosis) at each of the requested levels. Furthermore, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). Lastly, given documentation of a request for Bilateral L4-5 Lumbar epidural steroid injection, there is documentation of no more than two nerve root levels injected one session. However, despite documentation of nonspecific subjective (chronic low back pain) and objective (positive straight leg raise and slump tests, decreased range of motion of the lumbar spine) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions. Therefore, based on guidelines and a review of the evidence, the request for Bilateral L4-5 Lumbar epidural steroid injection, additional level x2 with lumbar Epidurogram, fluoroscopic guidance and IV sedation is not medically necessary and appropriate.