

Case Number:	CM14-0056753		
Date Assigned:	07/09/2014	Date of Injury:	08/17/2010
Decision Date:	09/09/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/25/2014

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 Physical Medicine and Rehabilitation, 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 63-year-old male with an 8/17/10 date of injury. At the time (4/1/14) of request for authorization for Transforaminal epidural injection, left L4-5 under fluoroscopy and anesthesia x 2, there is documentation of subjective (ongoing low back pain radiating down the left buttock, left leg, and into the foot) and objective (tenderness to palpation over the lumbar facet on both sides of the L3-S1 levels, decreased lumbar range of motion, positive straight leg raise test bilaterally, and decreased patellar (L4) reflexes bilaterally) findings, imaging findings (MRI of the lumbar spine (5/11/11) report revealed disc bulge effacing the thecal sac with moderate bilateral neural foraminal narrowing at L4-5), current diagnoses (lumbosacral spondylosis without myelopathy and lumbar radiculopathy), and treatment to date (medications, activity modification, and physical therapy). There is no documentation of objective radicular findings in the requested nerve root distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural injection, left L4-5 under fluoroscopy and anesthesia x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines/Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation According to the records made available for review, this is a 63-year-old male with an 8/17/10 date of injury. At the time (4/1/14) of request for authorization for Transforaminal epidural injection, left L4-5 under fluoroscopy and anesthesia 2, there is documentation of subjective (ongoing low back pain radiating down the left buttock, left leg, and into the foot) and objective (tenderness to palpation over the lumbar facet on both sides of the L3-S1 levels, decreased lumbar range of motion, positive straight leg raise test bilaterally, and decreased patellar (L4) reflexes bilaterally) findings, imaging findings (MRI of the lumbar spine (5/11/11) report revealed disc bulge effacing the thecal sac with moderate bilateral neural foraminal narrowing at L4-5), current diagnoses (lumbosacral spondylosis without myelopathy and lumbar radiculopathy), and treatment to date (medications, activity modification, and physical therapy). There is no documentation of objective radicular findings in the requested nerve root distribution.

Decision rationale: The 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 (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 lumbosacral spondylosis without myelopathy and lumbar radiculopathy. In addition, there is documentation of subjective (pain) radicular findings in the requested nerve root distribution, imaging (MRI) findings (neural foraminal stenosis) at the requested level, 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 on both sides of the L3-S1 levels, decreased lumbar range of motion, positive straight leg raise test bilaterally, and decreased patellar (L4) reflexes bilaterally), there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. Therefore, based on guidelines and a review of the evidence, the request for Transforaminal epidural injection, left L4-5 under fluoroscopy and anesthesia x 2 is not medically necessary.