

Case Number:	CM14-0061464		
Date Assigned:	07/09/2014	Date of Injury:	09/05/2013
Decision Date:	08/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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 & 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 57-year-old female with a 9/5/13 date of injury. At the time (3/12/14) of the request for authorization for left lumbar 4 - lumbar 5 transforaminal steroid injection under fluoroscopy, there is documentation of subjective (low back pain and left lower extremity pain) and objective (palpation of the lumbar paraspinal reveals left sided pain at L3-S1, decreased lumbar range of motion, positive FABER's (Flexion In Abduction And External Rotation) on the left) findings, imaging findings (MRI lumbar spine (1/10/14) report revealed at L4-5 mild to moderate broad based central posterior disk protrusion with effacement of the adjacent anterior thecal sac, slightly greater to the left where it narrows the left neural recess and the left neural foramen), current diagnoses (displacement lumbar intervertebral disc without myelopathy and postlaminectomy syndrome lumbar region), and treatment to date (TENS (Transcutaneous Electric Nerve Stimulation), physical therapy, and medication). There is no documentation of objective (sensory changes, motor changes, or reflex changes) 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:

Left L4-L5 transforaminal Steroid Injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

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 displacement lumbar intervertebral disc without myelopathy and postlaminectomy syndrome lumbar region. In addition, there is documentation of subjective (pain) radicular findings in the requested nerve root distribution, imaging (MRI) findings (moderate or greater 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, 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 left L4-L5 transforaminal steroid injection under fluoroscopy is not medically necessary.