

Case Number:	CM14-0081570		
Date Assigned:	07/18/2014	Date of Injury:	11/20/2012
Decision Date:	09/17/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 38-year-old male with an 11/20/12 date of injury. At the time (5/2/14) of the request for authorization for lumbar spine steroid injection to L5-S1, there is documentation of subjective (ongoing low back pain and stiffness worse on the right side, pain radiates on occasions to both hips, buttocks, and posterior extremities) and objective (tenderness to palpation over the lumbar paravertebral area with moderate spasm noted, there is tenderness over the paraspinal muscles over the lower lumbar spine, tenderness over the bilateral sacroiliac joints, decreased range of motion, sensation is decreased left lateral calf and posterior calf/outer foot) findings, imaging findings (MRI lumbar spine (4/30/13) report revealed disk desiccation, small anterior, lateral and posterior osteophytes, with a 1 mm diffuse disk bulge noted at the L5-S1 level. No thecal sac or nerve root compression is identified. The osteophytes result in mild narrowing of the L5 neural foramina bilaterally), current diagnoses (intractable lumbar pain, lumbar radiculopathy, history of prior IDET procedure at L4-5 and L5-S1, history of left knee surgery in 2011, history of left knee surgery in 1990, history of left elbow surgery, and hypertension), and treatment to date (physical therapy and medication). 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Steroid Injection to L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (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 intractable lumbar pain, lumbar radiculopathy, history of prior IDET procedure at L4-5 and L5-S1, history of left knee surgery in 2011, In addition, there is documentation of subjective (pain, numbness, and tingling) and objective (sensory 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 lumbar spine (4/30/13) identifying disk desiccation, small anterior, lateral and posterior osteophytes, with a 1 mm diffuse disk bulge noted at the L5-S1 level. No thecal sac or nerve root compression is identified. The osteophytes result in MILD narrowing of the L5 neural foramina bilaterally), 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 lumbar spine steroid injection to L5-S1 is not medically necessary.