

Case Number:	CM14-0082397		
Date Assigned:	07/21/2014	Date of Injury:	03/25/2013
Decision Date:	09/17/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/04/2014

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 Preventive Medicine 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 58-year-old male with a 3/25/13 date of injury, and right total hip arthroplasty on 1/31/14. At the time (5/14/14) of request for authorization for right L4-5 transforaminal epidural steroid injection with fluoroscopy guidance qty: 1.00 and right L5-S1 transforaminal epidural steroid injection with fluoroscopy guidance qty: 1.00, there is documentation of subjective (constant low back pain radiating to right knee associated with numbness) and objective (tenderness over the bilateral L3-S1 paravertebral area with spasm, decreased sensitivity to touch along L4-L5 dermatome, positive right straight leg raising test, and decreased lumbar spine range of motion) findings, imaging findings (MRI lumbar spine (2/3/14) report revealed degenerative disease throughout the lumbar spine produces mild canal and moderate lateral recess stenosis at L2-L3, L3-L5, L4-L5, and L5-S1, and asymmetric encroachment on right sided foramina at L3-L4 and L5-S1 due to scoliosis and multifactorial degenerative changes), current diagnoses (lumbar radiculopathy and chronic pain), and treatment to date (medications and physical therapy). Regarding right L5-S1 epidural steroid injection, there is no documentation of subjective and 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:

Right L4-5 Transforaminal Epidural Steroid Injection with Fluoroscopy Guidance Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) 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 epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and chronic pain. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). Furthermore, there is documentation of subjective (pain and numbness) and objective (sensory changes) radicular findings in the requested nerve root distribution, and imaging (MRI) findings (lateral recess stenosis) at the requested level. Therefore, based on guidelines and a review of the evidence, the request for right L4-5 transforaminal epidural steroid injection with fluoroscopy guidance qty 1.00 is medically necessary.

Right L5-S1 Transforaminal Epidural Steroid Injection with Fluoroscopy Guidance Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) 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 epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and chronic pain. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). Furthermore, there is documentation of imaging (MRI) findings (lateral recess stenosis) at the requested level. However, despite documentation of subjective (constant low back pain radiating to right knee associated with numbness) and objective (tenderness over the bilateral L3-S1 paravertebral area with spasm, decreased sensitivity to touch along L4-L5 dermatome, positive right straight leg raising test, and decreased lumbar spine range of motion) findings, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distributions. Therefore, based on guidelines and a review of the evidence, the request for right L5-S1 transforaminal epidural steroid injection with fluoroscopy guidance qty 1.00 is not medically necessary.