

Case Number:	CM14-0087681		
Date Assigned:	07/23/2014	Date of Injury:	08/27/2012
Decision Date:	08/27/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/11/2014

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 41-year-old male with a 8/27/12 date of injury, and status post left knee arthroscopy in 2005. At the time (5/23/14) of request for authorization for Selective Nerve Root Epidural Injections L4 and L5 with Fluoroscopy and sedation, there is documentation of subjective and objective findings. Subjective findings include frequent aching low back pain that occasionally radiates into buttocks. Objective findings include paraspinous spasm left lower lumbar, patellar and Achilles reflexes 2+ bilaterally, 5/5 motor strength of bilateral hip flexors, quadriceps, hamstrings, tibialis anterior, extensor hallucis longus, gastrosoleus, peroneals, sensation normal to light touch bilateral lower extremities, negative straight leg raise tests bilaterally, and positive Fabere test on left. The imaging findings (reported lumbar spine MRI (10/30/12) revealed disc protrusion L4/5 with left sided protrusion abuts the L4 and L5 nerve roots; the report was not available for review. The current diagnoses are lumbago, lumbar spondylosis, and lumbar herniated nucleus pulposus. The treatment to date includes medications (including Norco and an anti-inflammatory), chiropractic therapy, physical therapy, acupuncture, home exercise program, and activity modifications. There is no documentation of objective radicular findings in the requested nerve root distribution and an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Epidural Injections L4 and L5 with Fluoroscopy and sedation:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injections.

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. Official Disability Guidelines identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) 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, 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 lumbago, lumbar spondylosis, and lumbar herniated nucleus pulposus. In addition, there is documentation of subjective (pain) radicular findings in the requested nerve root distribution, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session. However, given documentation of objective (5/5 motor strength of tibialis anterior, extensor hallucis longus and sensation normal to light touch bilateral lower extremities) findings, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. Furthermore, despite documentation of the 5/15/14 report's reported imaging findings (MRI lumbar spine identifying disc protrusion L4/5 with left sided protrusion abuts the L4 and L5 nerve roots), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for Selective Nerve Root Epidural Injections L4 and L5 with Fluoroscopy and sedation is not medically necessary.