

Case Number:	CM14-0087689		
Date Assigned:	07/23/2014	Date of Injury:	07/08/2003
Decision Date:	12/05/2014	UR Denial Date:	05/27/2014
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 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 54-year-old female with a 7/8/03 date of injury. At the time (5/15/14) of request for authorization for Epidural Steroid Injection Lumbar left L4-L5, L5-S1, there is documentation of subjective (generalized body and pain, numbness and tingling of the lower extremities) and objective (tenderness to palpitation over the lumbar/sacral paraspinal muscles, positive straight leg raise, weakness on dorsiflexion of the left foot, diminished sensation to light touch in the L4 and L5 distributions on the left, and decreased ankle deep tendon reflexes bilaterally) findings, imaging findings (MRI of the Lumbar spine (10/11/13) report revealed L4-L5 3mm broad based disc bulge, 2mm retrolisthesis, 5mm central/right paracentral herniated (extended) disc migrating inferiorly over the posterior body of L5 for a distance of 9mm, facet arthropathy and hypertrophy, and central canal stenosis and mild to moderate proximal foraminal stenosis; and L5-S1 posterior annular tear, 3-4mm broad based disc protrusion or bulge, greater on the right, and facet arthropathy), current diagnoses (lumbar intervertebral disc displacement without myelopathy, cervical post laminectomy syndrome, and lumbar/lumbosacral intervertebral disc degeneration), and treatment to date (activities modifications and medications). There is no documentation of subjective (pain, numbness, or tingling) 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, and failure of additional conservative treatment (physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Lumbar left L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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 intervertebral disc displacmenet without myelopathy, cervical post laminectomy syndrome, and lumbar/lumbosacral intervertebral disc degeneration. In addition, given documentation of objective (weakness on dorsiflexion of the left foot, diminished sensation to light touch in the L4 and L5 distributions on the left, and decreased ankle deep tendon reflexes bilaterally) findings, there is documentation of objective (sensory changes, motor changes, and reflex changes) radicular findings in each of the requested nerve root distributions. Furthermore, there is documentation of failure of conservative treatment (activity modification and medications). Lastly, given documentation of a request for Epidural Steroid Injection Lumbar left L4-L5, L5-S1, there is documentation of no more than two nerve root levels injected one session. However, despite documentation of subjective (generalized body and pain, numbness and tingling of the lower extremities), there is no documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions. In addition, despite documentation of imaging findings (MRI of the Lumbar spine (10/11/13) report revealed L4-L5 3mm broad based disc bulge, 2mm retrolisthesis, 5mm central/right paracentral herniated (extended) disc migrating inferiorly over the posterior body of L5 for a distance of 9mm, facet arthropathy and hypertrophy, and central canal stenosis and mild to moderate proximal foraminal stenosis; and L5-S1 posterior annular tear, 3-4mm broad based disc protrusion or bulge, greater on the right, and facet arthropathy), 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 L5-S1 level. Furthermore, there is no documentation of failure of additional conservative treatment (Physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Epidural Steroid Injection Lumbar left L4-L5, L5-S1 is not medically necessary.