

Case Number:	CM14-0088330		
Date Assigned:	07/23/2014	Date of Injury:	09/13/2010
Decision Date:	08/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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 36-year-old male with a 9/13/10 date of injury. At the time (8/21/14) of request for authorization for L5-S1 Interlaminar Epidural Steroid Injection, there is documentation there is documentation of subjective (9/10 pain described as constant, cramping, pressure with squeezing and pins with radiating down to his bilateral legs with numbness and tingling with right being worst) and objective (range of motion of lumbar flexion to 10-15 degrees and extension to 5 degrees, tenderness to palpation along the spinous process of L3-L4 with radiating down to his bilateral legs, and tenderness to palpation along right paraspinous musculature at L4, L5, and S1) findings. The current diagnosis is lumbar radiculopathy. Treatment to date includes medications (including Tramadol and Nortriptyline). There is no documentation of subjective and objective radicular findings in the requested nerve root distribution, imaging findings at the requested level, and failure of additional conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Interlaminar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Within the medical information available for review, there is documentation of a diagnosis of lumbar radiculopathy. In addition, there is documentation of failure of conservative treatment (medications) and no more than two nerve root levels injected one session. However, despite nonspecific documentation of subjective and objective findings there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory, motor, or reflex changes) radicular findings in the requested nerve root distribution. In addition, 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. Furthermore, there is no documentation of failure of additional conservative treatment (activity modifications and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for L5-S1 Interlaminar Epidural Steroid Injection is not medically necessary.