

Case Number:	CM14-0094118		
Date Assigned:	08/06/2014	Date of Injury:	04/23/2013
Decision Date:	10/03/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/20/2014

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 45-year-old female with a 4/23/13 date of injury. At the time (5/29/14) of the request for authorization for inject spine lumbar/sacral, there is documentation of subjective (pain radiating to lower extremities) and objective (anterior flexion of lumbar spine is noted to be 50 degrees and causes pain, extension of lumbar spine is noted to be 15 degrees with pain, sensory is reduced at left L4/L5) findings, imaging findings (MRI lumbar spine (12/29/13) report revealed L4-5 circumferential disc bulge which cause stenosis of the spinal canal. There is associated stenosis of the bilateral lateral recess with deviation of the visualized bilateral L5 transiting nerve roots), current diagnoses (back sprain/strain and low back pain with left lumbar radiculopathy affecting L5 and S1 nerve roots), and treatment to date (medication and physical therapy). Medical reports identify a request for lumbar epidural injection - translaminar L5-S1 epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inject Spine Lumbar /Sacral: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural 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: The 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. The 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 back sprain/strain and low back pain with left lumbar radiculopathy affecting L5 and S1 nerve roots. In addition, there is documentation of subjective (pain) and objective (sensory changes) radicular findings in each of the requested nerve root distributions, imaging (MRI) findings (moderate or greater central canal stenosis and lateral recess 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. Therefore, based on guidelines and a review of the evidence, the request for inject spine lumbar/sacral is medically necessary.