

Case Number:	CM14-0099133		
Date Assigned:	07/28/2014	Date of Injury:	02/25/2014
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/27/2014

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 59-year-old male with a 2/25/14 date of injury. At the time (6/11/14) of request for authorization for Lumbar epidural steroid injection left L4-L5, there is documentation of subjective (persistent 5/10 pain in low back with numbness in left shin area) and objective (lumbar range of motion 80% of normal, negative straight leg raise bilaterally, decreased sensation in left shin, 5/5 motor strength of hip flexors, hip extensors, knee flexors, knee extensors, ankle dorsiflexors, plantar flexors, and extensor hallucis longus, and knee and ankle jerks 2+ bilaterally) findings, imaging findings (MRI Lumbar Spine (4/4/14) report revealed at L4-5 there is a broad-based bulge 2 mm which, in conjunction with facet hypertrophy and ligament flava laxity, produces moderate central canal narrowing, moderate right neural foraminal narrowing, and moderate-severe left neural foraminal narrowing; there is a posterocentral annular fissure measuring 9 mm), current diagnoses (lumbar disc protrusion L3 to S1 and positive L4 radiculopathy), and treatment to date (activity modifications, chiropractic therapy, and medications (including Motrin, Norflex and Ultracet).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection left L4-L5: Overturned

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. 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 disc protrusion L3 to S1 and positive L4 radiculopathy. In addition, there is documentation of subjective (numbness) and objective (sensory changes) radicular findings in the requested nerve root distribution, imaging (MRI) findings (moderate central canal stenosis and neural foraminal stenosis) at the requested level, 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 Lumbar epidural steroid injection left L4-L5 is medically necessary.