

Case Number:	CM14-0187067		
Date Assigned:	11/17/2014	Date of Injury:	09/12/2009
Decision Date:	01/05/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/10/2014

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 48-year-old male with a 9/12/09 date of injury and status post bilateral knee surgeries. At the time (10/25/14) of request for authorization for left L4-L5 and bilateral L5-S1 transforaminal epidural steroid injections, there is documentation of subjective (low back pain which radiates down the bilateral limbs) and objective (limited lumbar spine range of motion, spasms, mild hypertonicity and moderate tenderness along the bilateral lumbar, straight leg raise moderately positive at left L4, bilateral L5, and bilateral S1 for radicular symptomatology, facet distraction/loading maneuver are positive moderately at bilateral L3-L4, bilateral L4-5, and bilateral L5-S1 for axial lumbar pain, diminished sensation with dysesthesias, hyperpathia, paresthesias along the left L4, bilateral L5, and bilateral S1 root distributions, trace weakness on hip extension, knee flexion, knee extension, ankle plantar flexion, and trace diminished reflex 2-/4 at the left patella, and bilateral medial hamstring, and bilateral Achilles) findings, imaging findings (lumbar spine MRI (8/17/14) report revealed L4-5 2 mm broad based posterior protrusion that is eccentric to the right, fissuring of the right posterior portion of the annulus, and thickening of the ligamentum flavum, moderate narrowing of both lateral recess; L5-S1 no spinal canal stenosis, lateral recess stenosis or neural foraminal narrowing is noted), current diagnoses (lumbar radiculopathy, lumbar discogenic pain, disc displacement without myelopathy, lumbar disc disease NEC, stenosis with neurogenic claudication, and lumbar pain), and treatment to date (medications and activity modification). There is no documentation of subjective radicular findings at each 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 the L5-S1 level, 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:

Left L4-L5 and bilateral L5-S1 transforaminal epidural steroid injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 documentation 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 additional 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 radiculopathy, lumbar discogenic pain, disc displacement without myelopathy, lumbar disc disease NEC, stenosis with neurogenic claudication, and lumbar pain. In addition, there is documentation of objective (sensory changes, motor changes, and reflex changes) radicular findings in each of the requested nerve root distributions, imaging (MRI) findings (moderate lateral recess stenosis) at the L4-5 level, and failure of conservative treatment (activity modification and medications, and physical modalities), and that no more than two nerve root levels are to be injected one session. However, despite nonspecific documentation of subjective findings (low back pain which radiates down the bilateral limbs), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions. In addition, given documentation of imaging findings (MRI lumbar spine identifying at L5-S1 no spinal canal stenosis, lateral recess stenosis or neural foraminal narrowing noted), there is no documentation of additional 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 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 left L4-L5 and bilateral L5-S1 transforaminal epidural steroid injections are not medically necessary.