MAXIMUS Federal Services

Case Number:	CM14-0191323		
Date Assigned:	11/25/2014	Date of Injury:	09/26/2012
Decision Date:	01/09/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/17/2014

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 Orthopedic Surgery, 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 49-year-old female with a 9/26/12 date of injury, and left shoulder arthroscopic surgery on 8/22/13. At the time (10/13/14) of the Decision for Inj left transforaminal LESI, L4-L5, L5-S1, lumbar epidurogram, contrast dye, IV sedation fluoroscopic guidance, there is documentation of subjective (low back pain radiating to bilateral lower extremities) and objective (tenderness over the lumbosacral junction, decreased range of motion, decreased sensation to light touch at the left calf, decreased left foot dorsiflexion, absent patellar reflex, and 1+ Achilles reflex) findings, imaging findings (reported MRI of the lumbar spine (1/2/13) revealed no evidence of disc herniation or neural impingement in the lumbar spine and bilateral L4-5 facet capsulitis; report not available for review), current diagnoses (lumbar sprain and strain), and treatment to date (medications and physical therapy). There is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, and tingling) radicular findings in each of the requested nerve root distribution; an imaging report; and any glaring contraindications to surgery should an ESI fail to provide durable results.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJ Left transforaminal LESI, L4-L5, L5-S1, Lumbar epidurogram, contrast dye, IV sedation fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

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 a diagnosis of lumbar sprain and strain. In addition, given documentation of objective (decreased sensation to light touch at the left calf (S1), decreased left foot dorsiflexion (L5), absent patellar reflex (L4), and 1+ Achilles reflex (S1) findings, there is documentation of objective radicular findings in each of the requested nerve root distributions. Furthermore, given documentation of a request for Inj left transforaminal LESI, L4-L5, L5-S1, there is documentation that no more than two nerve root levels are to be injected in one session. Lastly, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, given nonspecific documentation of subjective (low back pain radiating to bilateral lower extremities), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, and tingling) radicular findings in each of the requested nerve root distributions. In addition, despite documentation of the medical reports' reported imaging findings (MRI of the lumbar spine-identifying no evidence of disc herniation or neural impingement in the lumbar spine and bilateral L4-5 facet capsulitis), there is no documentation of an imaging report. Furthermore, there is no documentation of any glaring contraindications to surgery should an ESI fail to provide durable results. Therefore, based on guidelines and a review of the evidence, the request Inj left transforaminal LESI, L4-L5, L5-S1, lumbar Epidurogram, contrast dye, IV sedation fluoroscopic guidance is not medically necessary.