MAXIMUS Federal Services

Case Number:	CM14-0201382		
Date Assigned:	12/11/2014	Date of Injury:	12/09/1997
Decision Date:	01/28/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/02/2014

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:

The injured worker is a fifty-four year old male who sustained a work-related injury on December 9, 1997. A request for epidural steroid injection bilateral L2-3 was non-certified in Utilization Review (UR) on November 17, 2014. The UR physician utilized the California (CA) MTUS guidelines in the determination. The CA MTUS recommends that radiculopathy must be demonstrated on physical examination and corroborated by imaging studies and/or electrodiagnostic studies. In addition, there must be documentation of failed conservative care. The UR physician found upon review of the submitted documentation that the injured worker had conservative care; however there were no physical therapy progress notes or outcomes related to the conservative care. In addition, there was no evidence of radiculopathy in a dermatomal distribution reported in the medical record. A request for independent medical review (IMR) was initiated on November 26, 2014. A review of the medical documentation submitted for review included an MRI of the lumbar spine report dated September 19, 2014. The MRI revealed at the L2-3 level, a small diffuse disc osteophyte complex, severe bilateral recess stenosis and neural foraminal stenosis. A physician's evaluation of August 26, 2014 indicated that the injured worker complained of neck pain with radiation of pain to both arms. The pain has not resolved in the last three months and he reported difficulty falling asleep. Cervical spine x-rays performed revealed retrolisthesis of L1 on L2 and L2 on L3; however the official reports were not in the submitted documentation. On examination, the injured worker's sensation was intact and his motor strength was 5/5 throughout.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Bilateral L2-3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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 thoracic/lumbosacral neuritis/radiculitis. In addition, given documentation of imaging findings (MRI of the lumbar spine (9/8/14) identifying severe spinal stenosis, severe lateral recess stenosis, and moderate neural foraminal stenosis at L2-3), there is documentation of imaging findings (moderate or greater central canal stenosis, lateral recess stenosis, and neural foraminal stenosis) at the requested level. Furthermore, 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 (low back pain) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, and tingling) radicular findings in the requested nerve root distribution. In addition, despite documentation of objective (1+ deep tendon reflexes (L4 and S1)) findings, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution (L2-3). 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 Epidural steroid injection bilateral L2-3 is not medically necessary.