

Case Number:	CM14-0205216		
Date Assigned:	12/17/2014	Date of Injury:	01/14/2009
Decision Date:	02/06/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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 Preventive Medicine 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 52-year-old female with a 1/14/09 date of injury. At the time (10/15/14) of request for authorization for Lumbar Epidural Steroid Injection Right L5-S1, there is documentation of subjective (low back pain associated with bilateral lower extremity pain) and objective (decreased lumbar range of motion with pain, tenderness over the lumbar paravertebral muscles, multiple trigger points noted, positive bilateral straight leg raising test, marked loss of motor strength in the S1 distribution; hypoesthesia in bilateral S1 distribution; and absent ankle and diminished patellar reflex) findings, imaging findings (reported MRI of the lumbar spine (4/23/13) revealed mild to moderate spinal canal stenosis and bilateral neural foraminal narrowing; report not available for review), current diagnoses (discogenic sciatic radiculopathy, mechanical low back pain syndrome, and loss of motion segment integrity of the lumbar spine), and treatment to date (medications and chiropractic therapy). There is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, and tingling) radicular findings in the requested nerve root distribution; and imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection right L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection, page 46.

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: California 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 discogenic sciatic radiculopathy, mechanical low back pain syndrome, and loss of motion segment integrity of the lumbar spine. In addition, given documentation of objective (marked loss of motor strength in the S1 distribution; hypoesthesia in bilateral S1 distribution; and absent ankle and diminished patellar reflex) findings, there is documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. Furthermore, there is documentation of failure of conservative treatment (medications, physical modalities, and activity modification) and no more than two nerve root levels injected one session. However, despite nonspecific documentation of subjective (low back pain associated with bilateral lower extremity 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. Furthermore, despite documentation of a medical report's reported imaging findings (reported MRI of the lumbar spine identifying moderate spinal canal stenosis and bilateral neural foraminal narrowing), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural steroid injection right L5-S1 is not medically necessary.