

Case Number:	CM14-0209437		
Date Assigned:	12/22/2014	Date of Injury:	10/17/2013
Decision Date:	02/13/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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 32-year-old male with a 10/17/13 date of injury. At the time (11/13/14) of request for authorization for Right lumbar ESI L4-5, quantity 3, there is documentation of subjective (low back pain radiating to right buttock, right posterior thigh, right posterior knee, and right calf) and objective (tenderness over the sacroiliac joint, 5/5 muscle testing, and intact reflexes) findings, imaging findings (reported MRI of the lumbar spine (8/1/14) revealed small right paracentral disc protrusion/extrusion that does about the right S1 root but does not displace it at L5-S1 and small left paracentral disc bulge that causes minimal lateral and no central stenosis at left L4-5; report not available for review), current diagnoses (degeneration of lumbar or lumbosacral intervertebral disc), and treatment to date (medications and physical therapy). There is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution; an imaging report with findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level; and 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:

Right Lumbar Epidural Steroid Injection (ESI) L4-5, quantity 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 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: 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 degeneration of lumbar or lumbosacral intervertebral disc. In addition, given documentation of subjective (low back pain radiating to right buttock, right posterior thigh, right posterior knee, and right calf), there is documentation of subjective (pain, numbness, and tingling) radicular findings in the requested nerve root distribution (L5). Furthermore, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session. However, given documentation of objective (5/5 muscle testing and intact reflexes) findings, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. Furthermore, despite documentation of medical report's reported imaging findings (MRI of the lumbar spine identifying small paracentral disc protrusion/extrusion that does about the right S1 root but does not displace it at L5-S1), there is no documentation of an imaging report with findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Moreover, there is no documentation of glaring contraindications to surgery should an ESI fail to provide durable results. Lastly, the requested Right lumbar ESI L4-5, quantity 3, exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Right lumbar ESI L4-5, quantity 3 is not medically necessary.