

Case Number:	CM14-0209783		
Date Assigned:	12/22/2014	Date of Injury:	04/01/2011
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
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 41-year-old male with a 4/1/11 date of injury. At the time (11/6/14) of request for authorization for lumbar epidural steroid injection; series of 3, there is documentation of subjective (low back pain traveling to the left lower extremity in the S1 distribution with numbness, weakness, and tingling) and objective (tenderness at the lumbosacral junction and bilateral flank regions, paravertebral muscle spasms, decreased motor strength of the extensor hallucis longus bilaterally, and paresthesia in the distribution area of the bilateral L4/L5/S1 regions) findings, imaging findings (MRI of the lumbar spine (7/22/14) report revealed moderate disk dessication and moderate decreased disk height posteriorly; 5 mm broad right and central disk protrusion with only minimal indentation of the ventral thecal sac; mild facet and ligamentum flavum degenerative changes are noted; no significant degenerative central canal stenosis; no definite impingement of the S1 nerve roots; and mild bilateral foraminal narrowing at L5-S1), current diagnoses (protruded disc at L5/S1), and treatment to date (medication, physical therapy, and activity modification). There is no documentation of imaging findings (nerve root compression OR MODERATE or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection; series of 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. 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. MTUS Chronic Pain Medical Treatment Guidelines does not support "series-of-three" injections in either the diagnostic or therapeutic phase. 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), 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 protruded disc at L5/S1. In addition, there is documentation of subjective (pain, numbness, and tingling) and objective (sensory changes) radicular findings in the requested nerve root distribution, 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 imaging findings (MRI of the lumbar spine identifying no significant degenerative central canal stenosis; no definite impingement of the S1 nerve roots; and MILD bilateral foraminal narrowing at L5-S1), there is no documentation of imaging findings (nerve root compression OR MODERATE or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. In addition, the proposed number of injections (series of 3) exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural steroid injection; series of 3 is not medically necessary.