

Case Number:	CM14-0132275		
Date Assigned:	08/29/2014	Date of Injury:	06/18/1990
Decision Date:	09/29/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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 64-year-old female with a 6/18/90 date of injury. At the time (6/17/14) of the request for authorization for bilateral lumbar ESI, there is documentation of subjective (back and bilateral leg pain, pain radiates down the posterior thighs bilaterally) and objective (moderate tenderness to palpation in the lumbar region) findings. The MRI lumbar spine (11/6/13) report revealed lesser facet arthropathy, minor anterolisthesis, and a left posterolateral protrusion with spur L5-S1 causes left subarticular gutter stenosis and contributes to moderate bilateral foraminal stenosis. The current diagnoses are axial back pain, lumbar spondylosis, lumbar disc disease, and spondylolisthesis L4 on L5. The treatment to date includes medication and physical therapy. There is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. The Official Disability Guidelines 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 criteria necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of axial back pain, lumbar spondylosis, lumbar disc disease, and spondylolisthesis L4 on L5. In addition, there is documentation of subjective (pain, numbness) radicular findings in the requested nerve root distribution, imaging (MRI) findings (moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level, and failure of conservative treatment (activity modification, medications, and physical modalities). However, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. Therefore, based on guidelines and a review of the evidence, the request for bilateral lumbar ESI is not medically necessary.