

Case Number:	CM14-0143084		
Date Assigned:	09/10/2014	Date of Injury:	03/06/2014
Decision Date:	10/30/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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 female with a 3/6/14 date of injury. At the time (8/25/14) of the Decision for Lumbar epidural steroid injection at L4-L5 and L5-L6 under fluoroscopic guidance, there is documentation of subjective (persistent low back pain) and objective (diffuse tenderness over the lumbar spine and positive bilateral straight leg raising test) findings, imaging findings (MRI of the lumbar spine (5/30/14) report revealed L3-L4 minimal disc degenerative disease with central posterior disc bulge measuring 5-6 mm, and focal tear of posterior annulus and no evidence of spinal canal stenosis), current diagnoses (lumbar spine disc protrusion at L3-4 and left sciatica), and treatment to date (medications, physical therapy, and chiropractic therapy). There is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions; and imaging findings (nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5 and L5-L6 under fluoroscopic guidance:
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: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (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. Official Disability Guidelines (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, Computerized tomography (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 epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc protrusion at L3-4 and left sciatica. In addition, there is documentation of failure of conservative treatment (medications, physical therapy, and chiropractic therapy). However, despite documentation of subjective (persistent low back pain) and objective (diffuse tenderness over the lumbar spine and positive bilateral straight leg raising test) findings, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. In addition, given documentation of imaging findings (L3-L4 minimal disc degenerative disease with central posterior disc bulge measuring 5-6 mm, and focal tear of posterior annulus and no evidence of spinal canal stenosis), 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 each of the requested levels. Therefore, based on guidelines and a review of the evidence, the request Lumbar epidural steroid injection at L4-L5 and L5-L6 under fluoroscopic guidance is not medically necessary.