

Case Number:	CM14-0146296		
Date Assigned:	09/12/2014	Date of Injury:	01/31/2007
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational 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 43-year-old female with a 1/31/07 date of injury. At the time (8/14/14) of the Decision for Lumbar Epidural Steroid and Facet Injection at L4-5, there is documentation of subjective (low back pain with radicular symptoms) and objective (not specified) findings, imaging findings (Reported MRI lumbar spine (2/21/07) revealed a 2mm bulging disc at L4-5; report not available for review), current diagnoses (lumbar spine sprain/strain with radicular complaints), and treatment to date (medications and physical therapy). Specifically regarding epidural steroid injection, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distributions, and an imaging report with findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. In addition, specifically regarding facet injection, there is no documentation of pain that is non-radicular and that epidural injection will not be performed on the same day as facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid and Facet Injection at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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) and Medial Branch Blocks (MBBs)

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. 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 criteria necessary to support the medical necessity of lumbar epidural steroid injection. In addition, specifically regarding facet injection, MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Furthermore, ODG identifies that it is not recommended to perform facet blocks on the same day of treatment as epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain with radicular complaints. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, specifically regarding lumbar epidural steroid injection, despite non-specific documentation of subjective findings (low back pain with radicular symptoms), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distributions. In addition, despite the medical report's reported imaging findings (MRI lumbar spine identifying a 2mm bulging disc at L4-5), 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 levels. Furthermore, specifically regarding facet injection, given documentation of subjective findings (low back pain with radicular symptoms), there is no documentation of pain that is non-radicular. Lastly, there is no documentation that epidural injection will not be performed on the same day as facet injection. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Epidural Steroid and Facet Injection at L4-5 is not medically necessary.