Case Number:	CM14-0161009		
Date Assigned:	10/06/2014	Date of Injury:	07/10/2013
Decision Date:	11/12/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/01/2014

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 63-year-old male with a 7/10/13 date of injury, and L4-S1 lumbar fusion in 2001. At the time (8/19/14) of request for authorization for bilateral transforaminal ESI at L3, there is documentation of subjective (low back pain radiating to bilateral lower extremities associated with numbness and tingling) and objective (tenderness over the lumbar paravertebral musculature and facets of L3-L5 spinous processes, positive bilateral straight leg raising test, positive bilateral Farfan test, decreased lumbar range of motion, decreased sensation in the bilateral L3, L4, and L5 dermatomes, 4/5 muscle testing on hip flexors, and decreased knee and ankle reflexes) findings, imaging findings (MRI of the lumbar spine (5/9/14) report revealed biforaminal disc protrusions with abutment of the exiting right and left L3 nerve root), current diagnoses (lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome), and treatment to date (medications, activity modification, physical therapy, and home exercise program). There is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, and tingling) 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 transforminal ESI at L3: Upheld

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

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 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. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. In addition, there is documentation of objective (sensory, reflex, and motor changes) radicular findings in the requested nerve root distribution, imaging finding (nerve root compression) at the requested level, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels to be injected in one session. However, despite nonspecific documentation of subjective findings (low back pain radiating to bilateral lower extremities associated with numbness and tingling), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, and tingling) radicular findings in the requested nerve root distribution. Therefore, based on guidelines and a review of the evidence, the request for bilateral transforaminal ESI at L3 is not medically necessary.