

Case Number:	CM14-0181174		
Date Assigned:	11/04/2014	Date of Injury:	08/16/2013
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/29/2014

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 Orthopedic Surgery, 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 49-year-old female with an 8/16/13 date of injury. At the time (10/7/14) of request for authorization for L5-S1 Epidural Steroid Injection and Preoperative medical clearance, EKG, chest x-ray, CBC, CMP, US, PT/PTT, there is documentation of subjective (low back pain, left knee pain extending to the foot, and leg pain) and objective (decreased range of motion of the lumbar spine and normal strength in the lower extremity except for right knee flexion and extension) findings, imaging findings (MRI of the lumbar spine (9/24/14) report revealed 2mm right and left foraminal disc protrusions at L4-5 and mild-to-moderate facet arthropathy at L4-5 and L5-S1), current diagnoses (lumbosacral disc degeneration, status post right knee arthroscopy, anxiety, and lower leg pain), and treatment to date (activity modification, physical therapy, and medications). Regarding L5-S1 Epidural Steroid Injection, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings specific to the requested nerve root distributions and 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 the requested level. Regarding Preoperative medical clearance, EKG, chest x-ray, CBC, CMP, US, PT/PTT, there is no documentation of a pending surgery that has been authorized/certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 45.

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 documentation 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 lumbosacral disc degeneration, status post right knee arthroscopy, anxiety, and lower leg pain. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). Furthermore, given a request for L5-S1 Epidural Steroid Injection, there is documentation that no more than two nerve root levels injected one session. However, despite nonspecific documentation of subjective (low back pain, left knee pain extending to the foot, and leg pain) and objective (decreased range of motion of the lumbar spine and normal strength in the lower extremity except for right knee flexion and extension) findings, there is no documentation of specific (to a nerve root) subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings specific to the requested nerve root distribution. In addition, despite documentation of imaging finding (MRI of the lumbar spine revealing 2mm right and left foraminal disc protrusions at L4-5 and mild-to-moderate facet arthropathy at L4-5 and L5-S1), there is no documentation of 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 the requested level. Therefore, based on guidelines and a review of the evidence, the request for L5-S1 Epidural Steroid Injection is not medically necessary.

Preoperative medical clearance, EKG, chest x-ray, CBC, CMP, US, PT/PTT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of lumbosacral disc degeneration, status post right knee arthroscopy, anxiety, and lower leg pain. However, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Preoperative medical clearance, EKG, Chest X-Ray, CBC, CMP, US, PT/PTT is not medically necessary.