

Case Number:	CM14-0183093		
Date Assigned:	11/10/2014	Date of Injury:	03/23/2010
Decision Date:	12/12/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/04/2014

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 39-year-old male with a 3/23/10 date of injury. At the time (9/19/14) of request for authorization for Lumbar Epidural Steroid Injection, L4-5, L5-S1, there is documentation of subjective (low back pain with radicular symptoms into the right and left leg) and objective (decreased range of motion of the lumbar spine, positive straight leg raise bilaterally, and tightness and spasm in the lumbar paraspinal muscles bilaterally) findings, imaging findings (MRI of the lumbar spine (7/25/14) report revealed L4-L5 shows dehiscence of the nucleus pulposus with a 2mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac, the neural foramina appear patent, lateral recesses are clear, mild bony hypertrophy of the articular facets is present, normal ligamentum flavum; and L5-S1 disc level shows dehiscence of the nucleus pulposus with 1.5 mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac, the neural foramina appear patent, lateral recesses are clear, normal articular facets, and normal ligamentum flavum), current diagnoses (lumbar strain and herniated lumbar disc), and treatment to date (physical 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, imaging (MRI, CT, myelography, or CT myelography and 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, and failure of additional conservative treatment (activity modification and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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. 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 and 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 lumbar strain and herniated lumbar disc. In addition, there is documentation of failure of conservative treatment (physical modalities). Furthermore, given documentation of a request for Lumbar Epidural Steroid Injection, L4-5, L5-S1, there is documentation of no more than two nerve root levels injected one session. However, despite documentation of non-specific subjective (low back pain with radicular symptoms into the right and left leg) and objective (decreased range of motion of the lumbar spine, positive straight leg raise bilaterally, and tightness and spasm in the lumbar paraspinal muscles bilaterally) findings, 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 each of the requested nerve root distributions. In addition, despite documentation of imaging report (MRI of the lumbar spine identifying L4-L5 showing dehiscence of the nucleus pulposus with a 2mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac, the neural foramina appear patent, lateral recesses are clear, mild bony hypertrophy of the articular facets is present, normal ligamentum flavum; and L5-S1 disc level showing dehiscence of the nucleus pulposus with 1.5 mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac, the neural foramina appear patent, lateral recesses are clear, normal articular facets, and normal ligamentum flavum), 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 each of the requested levels. Furthermore, there is no documentation of failure of additional conservative treatments (activity modification and medications). Therefore, based on guidelines and a review of the evidence, the request for Lumbar Epidural Steroid Injection, L4-5, L5-S1 is not medically necessary.