

Case Number:	CM14-0212036		
Date Assigned:	01/02/2015	Date of Injury:	05/05/2005
Decision Date:	02/19/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Florida, Texas
 Certification(s)/Specialty: Internal Medicine, Occupational Medicine

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 51-year-old female with a 5/5/05 date of injury. At the time (11/21/14) of request for authorization for right lumbar ESI L5-S1, L4-L5, there is documentation of subjective (low back radiating to right gluteal region and leg/foot with weakness/numbness/tingling) and objective (distal right leg weakness and decreased sensory exam over right L5-S1 dermatome) findings, imaging findings (reported MRI lumbar spine (5/20/14) revealed grade 1 anterolisthesis of L4 on L5, encroachment upon right greater than left L5 nerve root, and disc bulge at L5-S1; report not available for review), current diagnoses (lumbar radiculopathy, lumbar degenerative disc disease, and low back pain), and treatment to date (medications). There is no documentation of an imaging report; and failure of additional conservative treatment (activity modification and physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar ESI L5-S1, L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 & 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 additional 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 radiculopathy, lumbar degenerative disc disease, and low back pain. In addition, there is documentation of subjective (pain, numbness, tingling) and objective (sensory changes) findings in the requested nerve root distribution; failure of conservative treatment (medications); and no more than two nerve root levels injected one session. However, despite documentation of medical reports' reported imaging findings (MRI of lumbar spine identifying grade 1 anterolisthesis of L4 on L5, encroachment upon right greater than left L5 nerve root, and disc bulge at L5-S1), there is no documentation of an imaging report. In addition, there is no documentation of failure of additional conservative treatment (activity modification and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for right lumbar ESI L5-S1, L4-L5 is not medically necessary.