

<b>Case Number:</b>	CM14-0141094		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 38-year-old male with a 12/20/13 date of injury. At the time (8/15/14) of the Decision for Epidural Steroid Injection at L-S1, there is documentation of subjective (low back pain radiating to left leg associated with numbness, tingling, and weakness) and objective (positive left straight leg raise, 4/5 strength on left ankle plantar flexion, 3/5 strength on left knee extension, 3/5 strength on left ankle dorsiflexion, and decreased sensation to left L5 and S1 dermatomes) findings, imaging findings (MRI lumbar spine (4/14/14) report revealed at L5-S1 disc bulge, no central canal stenosis, and patent neural foramina), current diagnoses (lumbar disc displacement and lumbar radiculitis), and treatment to date (medications, work conditioning, physical therapy, and chiropractic treatments). Medical reports identify a request for L5-S1 epidural steroid injection. There is no documentation of subjective radicular findings in the requested nerve root distribution and imaging findings at the requested level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Epidural Steroid Injection at L-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

**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 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 displacement and lumbar radiculitis. In addition, there is documentation of a request for L5-S1 epidural steroid injection, objective (sensory changes, motor changes, and reflex changes) radicular findings in the requested nerve root distribution, and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite nonspecific documentation of subjective findings (low back pain radiating to left leg associated with numbness, tingling, and weakness), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution. In addition, given documentation of imaging findings (MRI lumbar spine identifying at L5-S1 disc bulge, no central canal stenosis, and patent neural foramina), 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 Epidural Steroid Injection at L-S1 is not medically necessary.