

<b>Case Number:</b>	CM14-0141212		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	10/06/2014	<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 Preventive Medicine 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 injured worker is a 43-year-old male with a 2/14/13 date of injury. On 7/10/14, a request for authorization was submitted for epidural steroid injection for the right L4-5 and L5-S1. At that time, there was documentation of subjective complaints of back pain about the same pain level, radiating into right leg, and objective findings that included positive straight leg raise test on the right, mildly guarded gait, and decreased sensation to the right foot. Current diagnosis was listed as lumbar spine radiculitis, and treatment to date has included medication and activity modification. There is no documentation of findings from imaging (MRI, CT, myelography, or CT myelography & x-ray), such as nerve root compression or moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis at each of the requested levels; also missing is documentation of a failure of additional conservative treatment (physical modalities).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection for the right L4-5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

**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 and an attempt to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG requires documentation of subjective pain and objective sensory changes/radicular findings in each of the requested nerve root distributions, as well as the failure of conservative treatment (activity modification, medications, and physical modalities) in order to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. ODG also recommends no more than two nerve root levels injected at one session. Within the medical information available for review, there is documentation of a diagnosis of lumbar spine radiculitis. In addition, there is documentation of subjective complaints of pain, numbness, or tingling, and objective findings of sensory changes, motor changes, or reflex radicular findings in each of the requested nerve root distributions and failure of some conservative treatment (activity modification and medications). However, there is no documentation of imaging findings at each of the requested levels and failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for epidural steroid injection for the right L4-5 and L5-S1 is not medically necessary.