

<b>Case Number:</b>	CM13-0011020		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	11/02/1998
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Occupational 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 is a 51-year-old male with an 11/2/98 date of injury. At the time of request for authorization for lumbar epidural steroid injection (2-3), there is documentation of subjective (left-sided aching pain, radiating numbness and tingling in his lower extremities) and objective (tenderness over the right paralumbar region at L4-5 and L5-S1 area, right-sided sacroiliac joint tenderness, right ankle jerk 1+ and left ankle jerk 2+), imaging findings (MRI lumbar spine (10/5/12) report revealed mild lumbar disc desiccation, 2-3 mm posterior disc protrusion L3-4 with degenerative facet changes result in foraminal stenosis, combination of subluxation, posterior disc protrusion at L5-S1 with degenerative facet changes result in foraminal stenosis, and no central spinal canal stenosis). The current diagnoses include painful L5-S1 spondylolisthesis, and the treatment to date is medication. There is no documentation of the level(s) injection is requested for, 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 & x-ray) findings (nerve root compression, 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 physical modalities).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTIONS (2-3): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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:** The MTUS/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. The Official Disability Guidelines identifies documentation of pain, numbness, or tingling in a correlating nerve root distribution; sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution; and radicular findings in each of the requested nerve root distributions as criteria to support the medical necessity. The guidelines also identify imaging (MRI, CT, myelography, or CT myelography & x-ray); findings (nerve root compression, 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 (2) nerve root levels injected at one (1) 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 painful L5-S1 spondylolisthesis. In addition, there is documentation of failure of conservative treatment (medication). However, there is no documentation of the level(s) the injection is requested for. There is no evidence of radicular findings in each of the requested nerve root distributions, imaging findings, or failure of additional conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural steroid injection (2-3) is not medically necessary.