

<b>Case Number:</b>	CM13-0020644		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	04/04/1999
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 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 36-year-old female with a 4/4/99 date of injury. At the time (7/16/13) of request for authorization for lumbar epidural steroid injections, there is documentation of subjective (low back pain radiating to the bilateral lower extremities) and objective (tenderness to palpation of the lumbar spine, pain with lumbar extension, positive straight leg raise on the left, decreased strength with toe extension and ankle plantar flexion, decreased sensation in the left S1 distribution, and diminished left Achilles reflex) findings, current diagnoses (L5-S1 disc collapse, left S1 radiculopathy, and L5-S1 modic changes), and treatment to date (medications and activity modification). In addition, the 11/6/13 medical report identifies that the patient has received conservative treatment, including medications, physical therapy, and home exercise. Further, the 8/23/13 MRI report of the lumbar spine identifies moderate left neural foraminal narrowing at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION, x3: 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); Epidural steroid injections, "series of three"

**Decision rationale:** The ACOEM Guidelines identify documentation 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 identify 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 injections. In addition, the Official Disability Guidelines state that epidural steroid injections in a "series of three" are not recommended. Within the medical information available for review, there is documentation of diagnoses of L5-S1 disc collapse, left S1 radiculopathy, and L5-S1 modic changes. No documentation of the specific level(s) to be addressed was provided. Despite the documentation of subjective and objective radicular findings in the S1 nerve root distribution and imaging findings of concordant nerve root pathology at the L5-S1 level, there is no clear 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, and 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) in what would be the specific level(s) to be addressed. In addition, there is no documentation of a rationale identifying the medical necessity of the requested series of three lumbar epidural steroid injections. Therefore, based on the guidelines and a review of the evidence, the requested series of 3 lumbar epidural steroid injections is not medically necessary or appropriate.