

<b>Case Number:</b>	CM13-0048966		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Physical Medicine and Rehabilitation, 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 57-year-old female with a 2/15/11 date of injury. At the time (10/9/13) of request for authorization for lumbar epidural injection, there is documentation of subjective (low back pain radiating to the lower extremity) and objective (tenderness to palpation over the lumbar spine, and positive right sitting straight leg raise) findings, reported (7/21/11) imaging findings (MRI lumbar spine revealed disc desiccation with mild height loss and accompanying minimal annular bulges are seen at the L2-L3, L3-L4, and L4-L5 levels; no central canal or neuroforaminal stenosis; and 4mm anterolisthesis of L4 upon L5; report not available for review), current diagnoses (post laminectomy syndrome, chronic pain syndrome, and myofascial pain syndrome), and treatment to date (lumbar spine brace, physical therapy, and medications). There is no documentation of subjective and objective radicular findings in a correlating nerve root distribution, an imaging report, and that no more than two nerve root levels are to be injected one session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL INJECTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300.

**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) 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 transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of post laminectomy syndrome, chronic pain syndrome, and myofascial pain syndrome. In addition, there is documentation of subjective findings (low back pain radiating to the lower extremity), objective findings (positive right sitting straight leg raise), and failure of conservative treatment (activity modification, medications, and physical modalities). However, given no documentation of the specific nerve root level(s) to be addressed, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in a correlating nerve root distribution. In addition, despite documentation of the 7/21/11 reported imaging findings (MRI lumbar spine identifying disc desiccation with mild height loss and accompanying minimal annular bulges are seen at the L2-L3, L3-L4, and L4-L5 levels), there is no documentation of an imaging (MRI) report (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis). Furthermore, there is no documentation that no more than two nerve root levels are to be injected one session. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural injection is not medically necessary.