

<b>Case Number:</b>	CM13-0059589		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 & 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 23-year-old female with a 7/24/12 date of injury. At the time (10/24/13) of the request for authorization for epidural steroid injection left L5-S1, there is documentation of subjective (LBP and left pain persist, prolonged weight bearing produces increased back and left leg pain) and objective (none specified) findings, imaging findings (10/24/13 medical report's reported imaging findings include MRI revealed a decrease in the L5-S1 disc height, posterior bulging, and suggestive of an annular tear), current diagnoses (lumbar sprain and strain and sciatica), and treatment to date (activity modification and exercise program).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EPIDURAL STEROID INJECTION LEFT L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 Chapter.

**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 transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is no documentation of subjective and objective radicular findings in the requested nerve root distribution. In addition, despite the documented imaging findings (10/24/13 medical report's reported imaging findings include MRI revealed a decrease in the L5-S1 disc height, posterior bulging, and suggestive of an annular tear), there is no documentation of an imaging report. In addition, there is no documentation of failure of additional conservative treatment (medications). Therefore, based on guidelines and a review of the evidence, the request for epidural steroid injection left L5-S1 is not medically necessary.