

<b>Case Number:</b>	CM13-0062523		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 52-year-old female with a 5/14/13 date of injury. At the time (10/24/13) of request for authorization for lumbar epidural steroid injection, there is documentation of subjective (low back pain with occasional radiation to the left hip and thigh) and objective (decreased lumbar range of motion and neurological exam is grossly intact) findings, imaging findings (MRI of the lumbar spine (9/5/13) report revealed degenerative changes at the L2-L5 levels, lumbosacral transitional vertebra, mild left greater than right narrowing of the lateral recesses and mild left greater than right neural foraminal narrowing at the L4-L5 level, 3 mm retrolisthesis of L4 on L5, 2 mm retrolisthesis of L3 on L4, and 3 mm central protrusion with associated annular fissuring at L2-L3), current diagnoses (lumbar pain, lumbar spine strain, and degenerative disk disease), and treatment to date (medications, activity modification, and physical modalities). There is no documentation of the specific level(s) to be addressed and objective (sensory changes, motor changes, or reflex changes) radicular findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection (LESI):** 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 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. Within the medical information available for review, there is documentation of diagnoses of lumbar pain, lumbar spine strain, and degenerative disk disease. In addition, there is documentation of subjective findings (low back pain with occasional radiation to the left hip and thigh), objective findings (decreased lumbar range of motion and neurological exam is grossly intact) findings, imaging findings (MRI of the lumbar spine identifying degenerative changes at the L2-L5 levels, lumbosacral transitional vertebra, mild left greater than right narrowing of the lateral recesses and mild left greater than right neural foraminal narrowing at the L4-L5 level, 3 mm retrolisthesis of L4 on L5, 2 mm retrolisthesis of L3 on L4, and 3 mm central protrusion with associated annular fissuring at L2-L3), and failure of conservative treatment (activity modification, medications, and physical modalities). However, given no documentation of the specific level(s) to be addressed, 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. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural steroid injection is not medically necessary.