Case Number:	CM13-0065367		
Date Assigned:	01/03/2014	**Date of Injury:**	06/21/2013
Decision Date:	05/19/2014	**UR Denial Date:**	11/27/2013
Priority:	Standard	**Application Received:**	12/13/2013

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 51-year-old female with a 6/21/13 date of injury. The request for authorization is for lumbar epidural steroid injection x 2. There is Final Determination Letter for IMR Case Number CM13-0065367 3 documentation of subjective findings of low back pain and right leg pain radiation, shooting sensation down the right leg causing numbness, tingling, and spasm shooting sensation. There are objective findings of antalgic gait, DTRs +1/2 more so with right knee as well as right ankle, otherwise 2/2 in the left knee and ankle; moderate to severe tenderness over the lumbar paraspinal muscle predominantly on the right side as well as over the right gluteus region and right quadratus lumborum; moderate tenderness over the L4-5 and L5-S1 vertebral interspaces, decreased range of motion, 5-/5 muscle strength right knee flexion and extension, and right ankle dorsiflexion and plantarflexion; mild sensory deficit to light touch more so over the right L5 and S1 dermatomes. The imaging findings (L/S MRI (8/26/13) report revealed L5-S1 at the most there is 2 mm posterior disc bulge with the left side greater than right and there is a corresponding indentation on the epidural fat, there is narrowing of both spina foramina but the exiting nerve roots appear not be compressed or displaced. The current diagnoses are lumbosacral sprain/strain, lumbar disc herniation more severe at L5-S1, and right lumbar radiculopathy. The treatments to date are activity modification, PT, chiropractic, HEP, and medications. The 10/15/13 medical report identified a request for a diagnostic lumbar epidural steroid injection directed to right L5-S1. There is no documentation of subjective pain, numbness, or tingling in a correlating nerve root distribution, radicular findings 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION X2: 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, Epidural Steroid Injections.

Decision rationale: The California 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); as criteria necessary to support the medical necessity of lumbar epidural steroid injection. In addition, ODG identifies that there does not appear to be any evidence to support the current common practice of a series of injections. Within the medical information available for review, there is documentation of diagnoses of lumbosacral sprain/strain, lumbar disc herniation more severe at L5-S1, and right lumbar radiculopathy. In addition, there is documentation of objective (sensory changes, motor changes, and reflex changes) radicular findings and failure of conservative treatment (activity modification, medications, and physical modalities). However, there is no documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) radicular findings. In addition, given MRI findings consistent with L5-S1 at the most there is 2 mm posterior disc bulge with the left side greater than right and there is a corresponding indentation on the epidural fat, there is narrowing of both spina foramina but the exiting nerve roots appear not be compressed or displaced), there is no documentation of 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). Furthermore, there is no evidence based guidelines support for a series of injections. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural steroid injection x 2 is not medically necessary.