

<b>Case Number:</b>	CM14-0105563		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 48-year-old female with a date of jury on 3/5/12. At the time 6/18/14 of the Decision for the injection foramen epidural lumbar spine, there is documentation of subjective low back pain with spasms associated with weakness in the legs and cramping in the calves. Also objective decreased range of motion of the lumbar spine with diminished sensations on left L5-S1 and right L4 dermatome distributions, and diminished deep tendon reflexes in the bilateral lower extremities. The imaging findings reported lumbar MRI in November 2012 revealed, L5-S1 disk herniation, multilevel degenerative disk disease, and facet hypertrophy and neural foraminal stenosis at the L5-S1 level; report not available for review. The current diagnoses, chronic lumbar pain, bilateral lower extremity radiculopathic pain, and recurrent myofascial strain. The treatment to date is medications, physical therapy, and TENS unit. Medical reports identify a request for bilateral L5-S1 transforaminal epidural steroid injection. There is no documentation of subjective radicular findings in the requested nerve root distribution; and an imaging report at the requested level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection foramen epidural lumbar spine:** Upheld

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

**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).

**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, 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 injection. Within the medical information available for review, there is documentation of diagnoses of chronic lumbar pain, bilateral lower extremity radiculopathic pain, and recurrent myofascial strain. In addition, there is documentation of a request for bilateral L5-S1 transforaminal epidural steroid injection. Furthermore, there is documentation of objective (sensory changes) radicular findings in the requested nerve root distribution and failure of conservative treatment activity modification, medications, and physical modalities. However, despite nonspecific documentation of subjective findings low back pain with spasms associated with weakness in the legs and cramping in the calves, has no specific information to a nerve root distribution. The documentation of subjective pain, numbness, or tingling radicular findings in the requested nerve root distribution. In addition, despite the 6/18/14 medical report; imaging findings L5-S1 disk herniation, multilevel degenerative disk disease, and facet hypertrophy and neural foraminal stenosis at the L5-S1 level there is no documentation of an imaging report at the requested level. Therefore, based on guidelines and a review of the evidence, the request for Injection foramen epidural lumbar spine is not medically necessary.