

<b>Case Number:</b>	CM14-0118056		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 50-year-old male with a 7/8/10 date of injury. At the time (7/1/14) of request for authorization for Left L4 Epidural Steroid Injection, there is documentation of subjective (low back pain that goes across the left buttocks) and objective (tenderness over the lumbar spine, decreased range of motion, positive left facet joint/neuroforaminal loading, and reduced sensation over the left lateral foot) findings. The imaging findings (MRI lumbar spine (12/21/12) report revealed degenerative disc disease and spondylosis over the L1-2, L4-5, and L5-S1. The current diagnoses are lumbosacral spondylosis, lumbar disc displacement, lumbosacral disc degeneration, and lumbago. Treatment to date is previous epidural steroid injection (unspecified level) which helped, home exercise program, physical therapy, and medications. There is no documentation of subjective and objective radicular findings in the requested nerve root distribution and imaging findings at the requested level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4 Epidural Steroid Injection:** 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 (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 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 epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis, lumbar disc displacement, lumbosacral disc degeneration, and lumbago. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, despite non-specific documentation of subjective (low back pain that goes across the left buttocks) and objective (tenderness over the lumbar spine, decreased range of motion, positive left facet joint/neuroforaminal loading, and reduced sensation over the left lateral foot) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. In addition, despite documentation of imaging findings (MRI lumbar spine identifying degenerative disc disease and spondylosis over the L1-2, L4-5, and L5-S1), 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) at the requested level. Therefore, based on guidelines and a review of the evidence, the request for Left L4 Epidural Steroid Injection is not medically necessary.