

<b>Case Number:</b>	CM14-0119418		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/17/2014
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Medicine 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 35-year-old male with a 2/17/14 date of injury. At the time (7/18/14) of request for authorization for transforaminal lumbar Epidural Steroid Injection left, there is documentation of subjective (low back pain, left leg pain, and tingling and numbness; pain radiation to the left buttock, down and around the thigh and into the left leg into the great toe) and objective (lumbar spine decreased range of motion, severe muscle spasms, positive facet loading bilaterally, positive straight leg raise at 30 degrees on the left, 1+ patellar reflex on the left, decreased sensation in the L4, L5, and S1 dermatomes on the left) findings, imaging findings (lumbar spine MRI (5/13/14) report revealed 5 mm posterior disc protrusion with bilateral neural foraminal narrowing, moderate left, and mild right at the L4-5 level; and a 7-8 mm disc protrusion with a 15 mm left sided disc extrusion obliterating the L5 lateral recess on the left, with moderate to severe right neural foraminal narrowing), current diagnoses (L4 and L5 radiculopathy on the left, and lumbar facet arthropathy), and treatment to date (physical therapy, chiropractic, and medications). 6/25/14 medical report identifies a recommendation for a lumbar epidural steroid injection at the L4 and L5 level on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal lumbar Epidural Steroid Injection left:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation (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 Transforaminal Epidural Steroid Injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of L4 and L5 radiculopathy on the left, and lumbar facet arthropathy. In addition, 6/25/14 medical report identifies a recommendation for a lumbar epidural steroid injection at the L4 and L5 level on the left, Furthermore, there is documentation of subjective (pain, numbness, and tingling) and objective (sensory changes and reflex changes) radicular findings, imaging (MRI) findings (moderate neural foraminal stenosis), failure of conservative treatment (activity modification, medications, and physical modalities), and that no more than two nerve root levels are to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for Transforaminal Lumbar Epidural Steroid Injection left is medically necessary.