

<b>Case Number:</b>	CM14-0135962		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	11/10/2008
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 36-year-old male with an 11/10/08 date of injury and status post lumbar L3-S1 fusion (undated). At the time (6/10/14) of request for authorization for bilateral lumbar transforaminal epidural steroid injection at the level of S1, there is documentation of subjective (chronic low back pain radiating to the lower extremities and into the feet with numbness in the left toe and right thigh) and objective (decreased lumbar range of motion and decreased sensation over the medial and lateral aspects of the right thigh (L2 and L3)) findings, imaging findings (not specified), current diagnoses (lumbar fusion from L3 to S1, chronic low back pain, lumbar radiculopathy, and depression/anxiety associated with chronic pain), and treatment to date (medications, physical therapy, activity modification, and TENS unit). There is no documentation of 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:

**Bilateral Lumbar Transforaminal Epidural Steroid Injection at the Level of S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**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 transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of lumbar fusion from L3 to S1, chronic low back pain, lumbar radiculopathy, and depression/anxiety associated with chronic pain). In addition, there is documentation of subjective (pain and numbness) radicular findings in the requested nerve root distribution, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session. However, despite documentation of objective findings (decreased lumbar range of motion and decreased sensation over the medial and lateral aspects of the right thigh (L2 and L3)), there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. In addition, 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 bilateral lumbar transforaminal epidural steroid injection at the level of S1 is not medically necessary.