

<b>Case Number:</b>	CM14-0146176		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/10/1998
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 51-year-old male with a 10/8/98 date of injury. At the time (8/12/14) of request for authorization for LESI:, there is documentation of subjective (mid back pain and low back pain radiating to the lower extremities) and objective (antalgic gait, tenderness to palpitation over the thoracic paravertebral muscles and the T8 spinous process, restricted range of motion of the lumbar spine, tenderness to palpitation over the lumbar paravertebral muscles and spasms, positive lumbar facet loading, positive straight leg raise, and decreased light touch and pin prick sensation over the lateral foot, medial foot, and 1st toe on the left side) findings, imaging findings (Reported MRI of the Lumbar spine (12/20/13) revealed facet and ligamentum flavum hypertrophy with mild to moderate central canal narrowing at L1-L2, moderate central canal narrowing with facet and ligamentum flavum hypertrophy at L2-L3, marked facet and ligamentum flavum hypertrophy with moderate central canal narrowing at L3-L4, and moderate to severe central canal narrowing with marked facet and ligamentum flavum hypertrophy at L4-L5; report not available for review), current diagnoses (lumbar spine degenerative disc disease, lumbar radiculopathy, and thoracic spine degenerative disc disease), and treatment to date (physical therapy and medications). Medical reports identify a request for Lumbar Epidural Steroid Injection at L5-S1. There is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution, 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) at the requested level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI:** Upheld

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

**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 lumbar spine degenerative disc disease, lumbar radiculopathy, and thoracic spine degenerative disc disease. In addition, there is documentation of a request for Lumbar Epidural Steroid Injection at L5-S1. Furthermore, given documentation of objective (decreased light touch and pin prick sensation over the lateral foot, medial foot, and 1st toe on the left side) findings, there is documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. Lastly, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, despite non-specific documentation of subjective (radiating low back pain down the lower extremity) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) 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 LESI is not medically necessary.