

<b>Case Number:</b>	CM14-0157179		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	04/12/2014
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 57-year-old male with a 4/12/14 date of injury. At the time (9/4/14) of request for authorization for Right sided L5, S1 transforaminal and translaminar lumbar epidural steroid injections, there is documentation of subjective (low back pain radiating to the right leg with tingling, numbness and paresthesia) and objective (limited range of motion of the lumbar spine, paravertebral muscle spasm and localized tenderness to palpitation over the lumbar facet joints at L4-L5 and L5-S1 level positive straight leg raise bilaterally, positive hyperextension maneuver of the lumbar spine, and diminished sensation to light touching medial and lateral border of right leg, calf and foot) findings, imaging findings (Reported MRI of the lumbar spine (5/30/14) revealed L5-S1 lumbar disc bulges at L4-L5 and L5-S1 level with bilateral facet degenerative and ligamentum flavum buckling. There is moderate bilateral neuroforaminal narrowing at L4-L5 and L5-S1 level; report not available for review), current diagnoses (lumbar radiculopathy, lumbar facet syndrome, and right lumbar radiculitis and sciatica), and treatment to date (medications). There is no documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions; an imaging report; and failure of additional conservative treatment (activity modifications and physical modalities).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right sided L5, S1 transforaminal and translaminar lumbar epidural steroid injections:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**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 radiculopathy, lumbar facet syndrome, and right lumbar radiculitis and sciatica. In addition, given documentation of objective (diminished sensation to light touching medial and lateral border of right leg, calf and foot) findings, there is documentation objective (sensory changes) radicular findings in each of the requested nerve root distributions. Furthermore, there is documentation of failure of conservative treatment (medications). Lastly, given a request for Right sided L5, S1 lumbar epidural steroid injections, there is documentation that no more than two nerve root levels will be injected in one session. However, despite nonspecific documentation of subjective (low back pain radiating to the right leg with tingling, numbness and paresthesia) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions. In addition, despite the medical reports' reported imaging findings (MRI of the lumbar spine L5-S1 lumbar disc bulges at L4-L5 and L5-S1 level with bilateral facet degenerative and ligamentum flavum buckling; there is moderate bilateral neuroforaminal narrowing at L4-L5 and L5-S1 level), there is no documentation of an imaging report. Furthermore, there is no documentation of failure of additional conservative treatment (activity modifications and physical modalities). Lastly, there is no documentation of a rationale for performing transforaminal and translaminar epidural steroidal injections simultaneously. Therefore, based on guidelines and a review of the evidence, the request for Right sided L5, S1 transforaminal and translaminar lumbar epidural steroid injections is not medically necessary.