

<b>Case Number:</b>	CM14-0166977		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	05/06/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 31-year-old male with a 5/6/11 date of injury. At the time (6/26/14) of request for authorization for Bilateral L4-S1 epidural steroid injections, there is documentation of subjective (low back pain radiating to both legs) and objective (decreased range of motion and positive Fabere test) findings, imaging findings (Reported MRI of the lumbar spine (8/24/11) revealed broad-based disc protrusion 2-2.9mm with hypertrophic degenerative facet joint disease, L5-S1; broad-based disc protrusion 2-3mm with bilateral facet joint hypertrophy, L4-5; L3-4 broad-based disc protrusion with bilateral facet joint hypertrophy and narrowing of the lateral recesses bilaterally; report not available for review), current diagnoses (low back pain and lumbar spondylosis with facet degenerative joint disease), and treatment to date (activity modifications, physical therapy, and medications). There is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions and an imaging report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-S1 epidural steroid injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter

**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 low back pain and lumbar spondylosis with facet degenerative joint disease. In addition, there is documentation of failure of conservative treatment (activity modifications, medications and physical modalities). Furthermore, given documentation of a request for Bilateral L4-S1 epidural steroid injections, there is no 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 both legs) 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, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. Despite the medical reports' reported imaging findings (MRI of the lumbar spine revealed broad-based disc protrusion 2-2.9mm with hypertrophic degenerative facet joint disease, L5-S1; broad-based disc protrusion 2-3mm with bilateral facet joint hypertrophy, L4-5; L3-4 broad-based disc protrusion with bilateral facet joint hypertrophy and narrowing of the lateral recesses bilaterally), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for Bilateral L4-S1 epidural steroid injections is not medically necessary.