

<b>Case Number:</b>	CM14-0031678		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/10/1978
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 an 82-year-old male with a 5/10/78 date of injury. At the time (2/5/14) of request for authorization for initial lumbar epidural steroid injection times three, L3-4, L4-5, L5-S1, there is documentation of subjective finding of chronic low back pain, on occasion down legs, back of thigh to knee, numbness and tingling down to feet at times. Objective finding revealed sensory intact, reflexes 1/4 bilaterally symmetrical, and normal motor function; limited range of motion in all directions, paraspinal tenderness, pain with extension. Imaging findings include lumbar spine MRI (magnetic resonance imaging) (4/10/13) report revealed L4-5 small disc bulge, moderate facet changes results in moderate right neural foraminal stenosis; L3-4 no evidence of herniated nucleus pulposus; L5-S1 no evidence of herniated nucleus pulposus or significant stenosis. The current diagnoses are: chronic pain syndrome, degenerative joint disease lumbar spine, fibromyalgia/myofascial spasm, herniated lumbar disc, low back pain, limb pain, osteoarthritis, spinal stenosis of lumbar region), and treatment to date (activity modification, medications, and physical therapy). There is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions, imaging (MRI, computed tomography (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 L3-4 and L5-S1 levels, and that no more than two nerve root levels are to be injected in one session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INITIAL LUMBAR EPIDURAL STEROID INJECTION TIMES THREE (3), L3-4, L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back procedure summary, Criteria for the use of Epidural Steroid Injections (ESIs).

**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:** The MTUS/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. The Official Disability Guidelines (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 (magnetic resonance imaging), computed tomography (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 chronic pain syndrome, degenerative joint disease lumbar spine, fibromyalgia/myofascial spasm, herniated lumbar disc, low back pain, limb pain, osteoarthritis, spinal stenosis of lumbar region. In addition, there is documentation of subjective radicular findings, imaging (MRI) findings (neural foraminal stenosis) at the L4-5 level and failure of conservative treatment (activity modification, medications, and physical modalities). However, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions, and imaging findings at the L3-4 and L5-S1 levels. In addition, given that the request is for initial lumbar epidural steroid injection times three, L3-4, L4-5, L5-S1, there is no documentation 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 initial lumbar epidural steroid injection times three, L3-4, L4-5, L5-S1 is not medically necessary.