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| <b>Case Number:</b>   | CM14-0043316 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 07/18/2013 |
| <b>Decision Date:</b> | 08/19/2014   | <b>UR Denial Date:</b>       | 03/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/10/2014 |

### 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 Occupational Medicine, 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 35-year-old male with a 7/18/13 date of injury. At the time (3/31/14) of request for authorization for LESI injection # 1, there is documentation of subjective (8-9/10 low back pain, cramps in legs, tingling and numbness, radiating to right side) and objective (tenderness in lumbosacral region, range of motion 50% of normal, sensation intact to light touch and pinprick in all dermatomes in lower extremities, 5/5 motor strength of bilateral hip flexors, hip extensors, knee flexors, knee extensors, ankle dorsiflexors, plantar flexors, and extensor hallucis longus, and bilateral knee jerks and ankle jerks 2+) findings, imaging findings (Lumbar Spine MRI (9/30/13) report revealed subligamentous herniation L5-S1 with advanced discogenic change, moderate neural foraminal narrowing and high grade subarticular gutter stenosis; this would be expected to effect the traversing S1 nerve roots and annular fissure and low profile protrusion L4-5 without associated mass effect), current diagnoses (acute lumbosacral strain with L4-L5 disc protrusion and L5-S1 herniated nucleus pulposus, S1 irritation), and treatment to date (physical therapy, chiropractic therapy, home exercise program, and medications (including Soma and Norco).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI injection # 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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:** 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. However, given no documentation of the specific level(s) to be addressed, 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, imaging (MRI) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and no more than two nerve root levels injected one session. Therefore, based on guidelines and a review of the evidence, the request for LESI injection # 1 is not medically necessary.