

<b>Case Number:</b>	CM14-0046600		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 50-year-old male with a 6/13/13 date of injury. At the time (2/25/14) of request for authorization for Epidural Steroid Injection right L4-S1 and Left L5, there is documentation of subjective (low back pain with some numbness and weakness of the legs) and objective (decreased lumbar range of motion, decreased sensation of the feet (L5), decreased strength of bilateral lower extremities, and decreased ankle reflexes (S1) bilaterally) findings, imaging findings (MRI of the lumbar spine (1/16/14) report revealed high grade central stenosis L3-4 and L4-5 levels, neural foraminal stenosis at L4-5 level, and moderate foraminal narrowing at L3-4 and L5-S1 levels), current diagnoses (chronic myofascial pain syndrome, chronic lumbar sprain, and chronic lumbosacral radiculopathy), and treatment to date (medications, activity modification, and physical modalities). There is no documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions and no more than two nerve root levels to be injected one session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection right L4-S1 and Left L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**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 chronic myofascial pain syndrome, chronic lumbar sprain, and chronic lumbosacral radiculopathy. In addition, there is documentation of objective (sensory and reflex changes) radicular findings in each of the requested nerve root distributions, imaging (MRI) findings (moderate or greater central canal stenosis and neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite nonspecific documentation of subjective findings (low back pain with some numbness and weakness of the legs), 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, given documentation of a request for Epidural Steroid Injection right L4-S1 and Left L5, there is no (clear) documentation of no more than two nerve root levels injected one session. Therefore, based on guidelines and a review of the evidence, the request for Epidural Steroid Injection right L4-S1 and Left L5 is not medically necessary.