

<b>Case Number:</b>	CM14-0050189		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 50-year-old male with a 6/12/12 date of injury. At the time (3/14/14) of request for authorization for lumbar epidural steroid injections lumbar 3-4, 2 injections, there is documentation of subjective (lower back pain with radiation into the lower extremities) and objective (paralumbal spasms, tenderness over the right sacroiliac joint, painful flexion, negative straight leg raise bilaterally, 5/5 motor strength bilaterally, reflexes 2+ bilaterally, and normal sensory examination) findings, current diagnoses (5 mm herniated nucleus pulposus, lumbar), and treatment to date (medications, physical therapy, acupuncture, and activity modification). There is no documentation of subjective and objective radicular findings in the requested nerve root distribution, and imaging findings at the requested level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural steroid injections Lumbar 3-4, 2 injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections.

**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 transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of 5 mm herniated nucleus pulposus, lumbar. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities), and that no more than two nerve root levels are to be injected in one session. However, despite non-specific documentation of subjective findings (lower back pain with radiation into the lower extremities), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings at the requested level. In addition, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings at the requested level. Furthermore, 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 the requested level. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural steroid injections at the lumbar on 3-4, with 2 injections is not medically necessary.