

<b>Case Number:</b>	CM14-0057479		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 55-year-old male with a 6/11/13 date of injury. At the time (4/4/14) of the Decision for Lumbar Epidural Steroid Injection L4-5 Central and Fluoroguide For Spine Inject, there is documentation of subjective (midline iliac crest pain radiating to right lower extremity at the anterolateral right thigh and proximal right shin) and objective (tenderness over the midline level of the iliac crest and positive bilateral straight leg raising test) findings, imaging findings (reported MRI of the lumbar spine (1/11/14) revealed mild canal and moderate bilateral foraminal stenosis at L4-L5; report not available for review), current diagnoses (diffuse lumbar spondylosis with spondylotic radiculitis), and treatment to date (activity modification, medications, and physical therapy). Regarding lumbar epidural steroid injection, there is no documentation of objective (sensory changes, motor changes, or reflex change) radicular findings in the requested nerve root distributions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection L4-5 Central:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 a diagnosis of diffuse lumbar spondylosis with spondylotic radiculitis. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). Furthermore, there is documentation of subjective (pain) radicular findings at the requested nerve root distribution and imaging findings (moderate foraminal stenosis) at the requested levels. However, despite nonspecific documentation of objective (tenderness over the midline level of the iliac crest and positive bilateral straight leg raising test) findings, there is no specific (to a nerve root distribution) documentation of objective (sensory changes, motor changes, or reflex change) radicular findings in the requested nerve root distributions. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Epidural Steroid Injection L4-5 Central is not medically necessary.

**Fluoroguide For Spine Inject:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.