

<b>Case Number:</b>	CM14-0067693		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 a 34-year-old male with a 12/26/13 date of injury. At the time (5/9/14) of request for authorization for Epidural Steroid Injection at L4, L5-S1, there is documentation of subjective (pain of left iliolumbar ligaments with some radiation of pain down the left lower extremity with some intermittent numbness and tingling affecting the left leg) and objective (decreased lumbar flexion, extension and bilateral bending by ten percent of normal, tenderness in left iliolumbar ligament, decreased light touch sensation in dorsal aspect of left foot, decreased reflexes in left ankle, normal reflexes in bilateral knees, and decreased strength with left dorsiflexor and left extensor hallucis longus muscle) findings, imaging findings (Lumbar Spine MRI (2/19/14) report revealed at L4-L5 minimal bulge without significant canal or neural foraminal narrowing and at L5-S1 no significant disc pathology or stenosis), current diagnoses (left lumbosacral strain, left lumbosacral radiculopathy, and myofascial pain syndrome), and treatment to date (physical therapy, chiropractic treatment, acupuncture, activity modifications, home exercise program, and medications (including Tramadol and Flexeril)). There is no documentation of subjective radicular findings in each of the requested nerve root distributions and imaging findings at each of the requested levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection at L4, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (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. Within the medical information available for review, there is documentation of diagnoses of left lumbosacral strain, left lumbosacral radiculopathy, and myofascial pain syndrome. In addition, there is documentation of objective (sensory changes, motor changes, and reflex changes) radicular findings in each of the requested nerve root distributions, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session. However, despite nonspecific documentation of subjective findings (pain of left iliolumbar ligaments with some radiation of pain down the left lower extremity with some intermittent numbness and tingling affecting the left leg), 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 imaging findings (Lumbar Spine MRI identifying L4-L5 minimal bulge without significant canal or neural foraminal narrowing and at L5-S1 no significant disc pathology or stenosis), there is no documentation of imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. Therefore, based on guidelines and a review of the evidence, the request for Epidural Steroid Injection at L4, L5-S1 is not medically necessary.