

<b>Case Number:</b>	CM14-0068764		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/25/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 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 55-year-old male with a 5/25/99 date of injury. At the time (4/21/14) of request for authorization for left S1 transforaminal epidural steroid injection (ESI), there is documentation of subjective (low back pain radiating to left leg with numbness and tingling) and objective (healed lumbar/lumbosacral spine injection site and antalgic gait) findings. His current diagnoses are: displacement of lumbar intervertebral disc without myelopathy and lumbar post-laminectomy syndrome. The treatment to date is: medications, right S1 epidural steroid injection, home exercise program, and physical therapy. There is no specific documentation of subjective and objective radicular findings in the requested nerve root distribution; and an imaging report at the requested level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left S1 Transforaminal ESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Epidural Steroid Injections (ESIs), Criteria for the use of Epidural Steroid Injections 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:** The California 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 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; 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 displacement of lumbar intervertebral disc without myelopathy and lumbar post-laminectomy syndrome. In addition, there is documentation of failure of conservative treatment which is activity modification, medications, and physical modalities. However, despite nonspecific documentation of subjective findings, there is no specific documentation of subjective and objective radicular findings in the requested nerve root distribution. In addition, there is no documentation of 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 Left S1 Transforaminal ESI is not medically necessary.