

<b>Case Number:</b>	CM14-0074155		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/27/2005
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Preventive 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 female with a 6/27/05 date of injury. At the time of the request on 4/30/14 there was documentation of subjective pain radiating down low back to left leg, constant left leg pain and objective positive straight leg raising findings. There was also imaging documentation of an MRI of the lumbar spine on 4/24/14. The report revealed that there was disc-protrusion/extrusion at L5-S1, resulting in left lateral recess stenosis with flattening of the traversing left S1 nerve root. The current diagnosis is herniated nucleus pulposus L5-S1. Treatment to date includes various medications. There is no documentation of subjective pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes. The radicular findings in the requested nerve root are distribution and failure of additional conservative treatment. Modified activity and the use of physical modalities suggested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ESI x 2:** 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:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 300 and on the Non-MTUS Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs). The Expert Reviewer's 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. Official Disability Guidelines (ODG) identify "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 herniated nucleus pulposus L5-S1. In addition, there is documentation of imaging (MRI) findings (nerve root compression) at the requested level and failure of conservative treatment (medications). However, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution and failure of additional conservative treatment (activity modification and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for lumbar Epidural Steroid Injection (ESI) x 2 is not medically necessary.