

<b>Case Number:</b>	CM14-0083149		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 64-year-old female with a 3/25/13 date of injury. At the time (4/21/14) of the request for authorization for pain management consultation for possible LESI, there is documentation of subjective (constant pain to the low back, there is numbness and tingling in the left great toe and second toe, pain also radiates down the posterior bilateral thighs, to the bilateral calves and bilateral feet) and objective (tenderness upon palpation over the midline, L2-S1, bilateral paraspinals and bilateral gluteus) findings, imaging findings (4/21/14 medical report's reported imaging findings identify MRI revealed there is contact without flattening at the right L4 root, at the L4-5 level), current diagnoses (lumbar spine sprain/strain with bilateral intermittent radiculopathy, left hip sprain/strain, and right hip sprain/strain), and treatment to date (medication, physical therapy, and activity modification). There is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in what would be the specific level(s) to be addressed, no more than two nerve root levels injected in one session, and an imaging report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation for possible LESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG: Low Back Complaints.

**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:** California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (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) 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 lumbar spine sprain/strain with bilateral intermittent radiculopathy, left hip sprain/strain, and right hip sprain/strain. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, despite documentation of subjective (constant pain to the low back, there is numbness and tingling in the left great toe and second toe, pain also radiates down the posterior bilateral thighs, to the bilateral calves and bilateral feet) findings, given no documentation of the level(s) to be injected, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in what would be the specific level(s) to be addressed, and no more than two nerve root levels injected in one session. In addition, despite documentation of the 4/21/14 medical report's reported imaging findings (MRI revealed there is contact without flattening at the right L4 root, at the L4-5 level), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for pain management consultation for possible LESI is not medically necessary.