

<b>Case Number:</b>	CM14-0093212		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Physical Medicine & Rehabilitation 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 54-year-old female with a 5/14/10 date of injury. At the time (6/9/14) of request for authorization for Caudal Epidural Steroid Injection (ESIs) and Ultrasound Guidance, there is documentation of subjective (low back pain with radiation of pain to both legs with paresthesias) and objective (paraspinal spasm, trigger point L5, sciatic right, sciatic left, iliac crest, lumbar paraspinals L4-5, lumbar range of motion reduced 25%, abnormal sensation in foot, normal motor exam, and deep tendon reflexes normal) findings, imaging findings (reported Lumbar Spine MRI (undated) revealed L3, L4, L5, S1 degenerative joint disease, degenerative disc disease, and spinal stenosis; report not available for review), current diagnoses (low back pain, peripheral neuropathy, and sciatica), and treatment to date (medications (including Norco and Soma)). 6/2/14 medical report identifies a plan for caudal epidural steroid injection L5-S1. There is no documentation of subjective radicular findings in the requested nerve root distribution, imaging findings at the requested level, and failure of additional conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Epidural Steroid Injection (ESIs):** 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 low back pain, peripheral neuropathy, and sciatica. In addition, there is a plan for a caudal epidural steroid injection L5-S1. Furthermore, there is documentation of objective (sensory changes) radicular findings in the requested nerve root distribution, failure of conservative treatment (medications), and no more than two nerve root levels injected one session. However, despite nonspecific documentation of subjective findings (low back pain with radiation of pain to both legs with paresthesias), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution. In addition, despite documentation of the 6/2/14 medical report's reported imaging findings (L3, L4, L5, S1 degenerative joint disease, degenerative disc disease, and spinal stenosis), there is no documentation of an imaging report with imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Furthermore, there is no documentation of failure of additional conservative treatment (activity modification and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Caudal Epidural Steroid Injection (ESIs) is not medically necessary.

**Ultrasound Guidance:** 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 diagnoses of low back pain, peripheral neuropathy, and sciatica. In addition, there is a plan for a caudal epidural steroid injection L5-S1. Furthermore, there is documentation of objective (sensory changes) radicular findings in the requested nerve root distribution, failure of conservative treatment (medications), and no more than two nerve root levels injected one session. However, despite nonspecific documentation of subjective findings (low back pain with radiation of pain to both legs with paresthesias), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in the requested nerve root distribution. In addition, despite documentation of the 6/2/14 medical report's reported imaging findings (L3, L4, L5, S1 degenerative joint disease, degenerative disc disease, and spinal stenosis), there is no documentation of an imaging report with imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Furthermore, there is no documentation of failure of additional conservative treatment (activity modification and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Ultrasound Guidance is not medically necessary.