

<b>Case Number:</b>	CM14-0199251		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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:

The injured worker is a 50 year old female who sustained a work related injury November 12, 2013. A primary treating physician's progress report, dated October 17, 2014, reveals the injured worker presenting with complaints of continued low back pain. On physical examination the physician documents; 60 degrees of flexion and 10 degrees of extension; straight leg raise is negative; ankle dorsi and plantar flexors are 5/5; quadriceps and Iliopsoas are 5/5. Diagnoses documented as; L4-5 radiculitis and hernia. Treatment plan includes general surgeon for hernia (private insurance), Celebrex, and once cleared by general surgery will need additional physical therapy. Work status is temporarily totally disabled thru December 1, 2014. There are no x-rays or other medical records present in this case file for review. According to utilization review performed October 29, 2014, the request for TF LESI at L4-5 with myelogram, fluro and sedation is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines, Criteria for Use of Epidural Steroid Injections, there is no objective evidence of radiculopathy clinically noted as stated in the guidelines. Therefore, TF LESI at L4-5 with myelogram, fluro, and sedation is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TF LESI at L4-5 with Myelogram, Fluro and Cons. Sedation by Treating Physician:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (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 documentation 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 additional 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 L4-5 radiculitis and hernia. In addition, there is documentation of failure of conservative treatment (activity modifications, physical therapy, and medications). Furthermore, given documentation of a request for TF LESI at L4-5 with Myelogram, there is documentation that no more than two nerve root levels injected one session. However, given documentation of subjective (complaints of continued low back pain) and objective (ankle dorsi and plantar flexors are 5/5; quadriceps and Iliopsoas are 5/5) findings, 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 distributions. In addition, there is no documentation of 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 the requested levels. Therefore, based on guidelines and a review of the evidence, the request for TF LESI at L4-5 with Myelogram, Fluro and Cons. Sedation by Treating Physician is not medically necessary.