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| <b>Case Number:</b>   | CM14-0127201 |                              |            |
| <b>Date Assigned:</b> | 08/13/2014   | <b>Date of Injury:</b>       | 05/24/2002 |
| <b>Decision Date:</b> | 10/15/2014   | <b>UR Denial Date:</b>       | 07/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/11/2014 |

### 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 41-year-old female with a 5/24/02 date of injury. At the time (5/8/14) of request for authorization for Epidural Steroid Injection, L5-S1, there is documentation of subjective complaints are chronic low back pain with frequent shooting pain down the lateral right leg and into the great toe of the right foot. Objective findings include tenderness over the lumbar paraspinal muscles with spasms, limited lumbar range of motion, normal strength, sensation and reflexes of the lower extremities and positive straight leg raise test on the right. Imaging findings are MRI of the lumbar spine (1/26/13) which revealed normal disc size, configuration, and signal intensity with no evidence of protrusion or bulge at L5-S1. The current diagnoses include lumbar radiculopathy, chronic low back pain, lumbar myofascial pain syndrome, and status post lumbar microdiscectomy L4-5 in 2004. Treatments to date are medications. There is no documentation of objective radicular findings, such as sensory changes, motor changes, or reflex changes, in the requested nerve root distribution. In addition there are no imaging findings at the requested level, such as nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis In addition there is failure of additional conservative treatment, such as activity modification and physical modalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Epidural Steroid Injections (ESIs) Page(s): Page 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:** 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) 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 lumbar radiculopathy, chronic low back pain, lumbar myofascial pain syndrome, and status post lumbar microdiscectomy L4-5 in 2004. In addition, there is documentation of subjective (pain, numbness, or tingling) 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, given documentation of objective findings (normal strength, sensation and reflexes of the lower extremities), there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. In addition, given documentation of imaging findings (MRI of the lumbar spine identifying normal disc size, configuration, and signal intensity with no evidence of protrusion or bulge at L5-S1), there is no documentation of 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 epidural steroid injection, L5-S1 is not medically necessary.