

<b>Case Number:</b>	CM14-0149281		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 34-year-old female with an 8/16/13 date of injury. At the time (8/21/14) of request for authorization for Epidural Steroid Injections (ESI's) for the Lumbar, there is documentation of subjective complaints are low back pain radiating to the left buttock and down the posterior leg to the knee with numbness in the bottom of the foot. The objective findings include significant guarding of the low back, positive straight leg raise testing on the left, tenderness to palpation over the lumbosacral paraspinal and left greater sciatic notch, and intact motor, sensory and reflex testing. Imaging findings include MRI of the lumbar spine (1/23/14) report revealed a 2 mm central disk protrusion at L5-S1. The current diagnoses include left low back and leg pain, and L5-S1 small central disk protrusion. Treatment to date is medication, physical modalities, and activity modification. There is no documentation of the specific level(s) to be addressed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for epidural steroid injections (ESIs) for the lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) Low Back Complaints,

**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 complaints of pain, numbness, or tingling in a correlating nerve root distribution. Objective findings include 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 findings (MRI, CT, myelography, or CT myelography & x-ray) (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. In addition, ODG identifies that "series of three" epidural steroid injection is not recommended. Within the medical information available for review, there is documentation of diagnoses of left low back and leg pain, and L5-S1 small central disk protrusion. In addition, there is documentation of subjective findings of low back pain radiating to the left buttock and down the posterior leg to the knee with numbness in the bottom of the foot. Imaging findings include an MRI of the lumbar spine identifying neural foraminal stenosis at L5-S1, and failure of conservative treatment, such as activity modification, medications, and physical modalities. However, given no documentation of the specific level(s) to be addressed, there is no documentation of subjective radicular findings in what would be the specific level(s) to be addressed. In addition, given documentation of objective findings, there is no documentation of objective radicular findings in what would be the specific level(s) to be addressed. Furthermore, there is no documentation of imaging findings of nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis, in what would be the specific level(s) to be addressed. Lastly, given documentation of a request for epidural steroid injections (ESIs) for the Lumbar, the proposed number of injections exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for lumbar epidural steroid injection x 3 is not medically necessary.