

<b>Case Number:</b>	CM15-0142989		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	12/09/2009
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old female who sustained an industrial injury on 12/09/09. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include low back pain radiating to the lower extremities. Current diagnoses include lumbar spine radiculopathy. In a progress note dated 05-19-15 the treating provider reports the plan of care as a lumbar epidural steroid injection at L4-5, and medications including Norco, Omeprazole, gabapentin, Terocin, gabacyclotram, Flurbi cream, Somnicin, and Genocin, as well as Theramin, Sentra AM and PM, and Gabadone. The requested treatments include Genocin, Somnicin, Norco, Omeprazole, Zofran, Terocin, Capsaicin-Flurbiprofen, and Gabacyclotran, as well as a lumbar epidural steroid injection at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Genicin #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

**Decision rationale:** Based on the 05/19/15 progress report provided by treating physician, the patient presents with low back pain radiating to the lower extremities with numbness and tingling, rated 5/10. The patient is status post left shoulder subacromial decompression 05/17/13 and left knee scope May 2012. The request is for Genicin #90. RFA with the request not provided. Patient's diagnosis on 05/19/15 included lumbar spine radiculopathy. The patient ambulates with an antalgic gait. Physical examination to the lumbar spine on 04/27/15 revealed spasm and tenderness to palpation, and decreased range of motion, especially on extension 5 degrees. Positive straight leg raise test bilaterally. Per 05/19/15 report, sensory examination of the lower extremities revealed decreased sensation to light touch over the L4-S1 nerve root distribution bilaterally. MRI of the lumbar spine dated 04/06/15, per 04/27/15 report revealed "multilevel loss of disc space signal...L4-5... disc abnormalities: 2mm at L4-5. Facets are mildly prominent at L4-5 and small at L5-S1." Treatment to date has included home exercise program, imaging studies and medications. Patient's medications include Norco, Omeprazole, Gabapentin, Zofran, and medical foods. Patient's work status not provided. MTUS, Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate) Section page 50 states: "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH)". Per 05/19/15 report, treater states Genicin "is to be taken as directed for the treatment of arthritic pain." MTUS supports the use of Glucosamine in patients with moderate arthritis pain. The request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

**Somnicin #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Somnicin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Somnicin.

**Decision rationale:** Based on the 05/19/15 progress report provided by treating physician, the patient presents with low back pain radiating to the lower extremities with numbness and tingling, rated 5/10. The patient is status post left shoulder subacromial decompression 05/17/13 and left knee scope May 2012. The request is for Somnicin #30. RFA with the request not provided. Patient's diagnosis on 05/19/15 included lumbar spine radiculopathy. The patient ambulates with an antalgic gait. Physical examination to the lumbar spine on 04/27/15 revealed spasm and tenderness to palpation, and decreased range of motion, especially on extension 5 degrees. Positive straight leg raise test bilaterally. Per 05/19/15 report, sensory examination of the lower extremities revealed decreased sensation to light touch over the L4-S1 nerve root

distribution bilaterally. MRI of the lumbar spine dated 04/06/15, per 04/27/15 report revealed "multilevel loss of disc space signal...L4-5... disc abnormalities: 2mm at L4-5. Facets are mildly prominent at L4-5 and small at L5-S1." Treatment to date has included home exercise program, imaging studies and medications. Patient's medications include Norco, Omeprazole, Gabapentin, Zofran, and medical foods. Patient's work status not provided. MTUS and ACOEM Guidelines do not address this request. ODG Guidelines, Pain Chapter under Somnicin states: "Not recommended. Somnicin, a nutritional supplement, contains melatonin, magnesium oxide, oxitriptan (the L form of 5-hydroxytryptophan), 5-hydroxytryptophan, tryptophan and Vitamin B6 (pyridoxine). It is postulated as a treatment for insomnia, anxiety and depression. Melatonin appears to reduce sleep onset latency and is used for delayed sleep phase syndrome." Per 05/19/15 report, treater states Somnicin "is to be taken as directed for the treatment of insomnia, anxiety and muscle relaxation." Somnicin is a supplement and is not FDA approved to treat any medical condition, and cannot be considered a medical treatment. ODG guidelines do not support the use of this medication at this time owing to a lack of clinical studies showing evidence for the efficacy. Given lack of guideline support, this request is not medically necessary.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** Based on the 05/19/15 progress report provided by treating physician, the patient presents with low back pain radiating to the lower extremities with numbness and tingling, rated 5/10. The patient is status post left shoulder subacromial decompression 05/17/13 and left knee scope May 2012. The request is for Norco 10/325mg #60. RFA with the request not provided. Patient's diagnosis on 05/19/15 included lumbar spine radiculopathy. The patient ambulates with an antalgic gait. Physical examination to the lumbar spine on 04/27/15 revealed spasm and tenderness to palpation, and decreased range of motion, especially on extension 5 degrees. Positive straight leg raise test bilaterally. Per 05/19/15 report, sensory examination of the lower extremities revealed decreased sensation to light touch over the L4-S1 nerve root distribution bilaterally. MRI of the lumbar spine dated 04/06/15, per 04/27/15 report revealed "multilevel loss of disc space signal...L4-5... disc abnormalities: 2mm at L4-5. Facets are mildly prominent at L4-5 and small at L5-S1." Treatment to date has included home exercise program, imaging studies and medications. Patient's medications include Norco, Omeprazole, Gabapentin, Zofran, and medical foods. Patient's work status not provided. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77, Medications for Chronic Pain Section states, "Function should include social, physical, psychological, daily and work

activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Opioids, specific drug list Section p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 04/27/15 and 05/19/15. It is not known when this medication was initiated. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." UDS report dated 05/26/15 was provided. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.

### **Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Based on the 05/19/15 progress report provided by treating physician, the patient presents with low back pain radiating to the lower extremities with numbness and tingling, rated 5/10. The patient is status post left shoulder subacromial decompression 05/17/13 and left knee scope May 2012. The request is for Omeprazole 20mg #60. RFA with the request not provided. Patient's diagnosis on 05/19/15 included lumbar spine radiculopathy. The patient ambulates with an antalgic gait. Physical examination to the lumbar spine on 04/27/15 revealed spasm and tenderness to palpation, and decreased range of motion, especially on extension 5 degrees. Positive straight leg raise test bilaterally. Per 05/19/15 report, sensory examination of the lower extremities revealed decreased sensation to light touch over the L4-S1 nerve root distribution bilaterally. MRI of the lumbar spine dated 04/06/15, per 04/27/15 report revealed "multilevel loss of disc space signal...L4-5... disc abnormalities: 2mm at L4-5. Facets are mildly prominent at L4-5 and small at L5-S1." Treatment to date has included home exercise program, imaging studies and medications. Patient's medications include Norco, Omeprazole, Gabapentin, Zofran, and medical foods. Patient's work status not provided. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole has been included in patient's medications, per progress reports dated 04/27/15 and 05/19/15. It is not known when this medication was initiated. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. In this case, there are no NSAID's included in patient's prescriptions, treater has not documented patient's GI risk

assessment, nor is there mention of GI related issues. Furthermore, MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring, and treater has not documented medication efficacy. Given lack of documentation, this request cannot be warranted. Therefore, the request is not medically necessary.

**Zofran 4mg #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Antiemetics (for opioid nausea).

**Decision rationale:** Based on the 05/19/15 progress report provided by treating physician, the patient presents with low back pain radiating to the lower extremities with numbness and tingling, rated 5/10. The patient is status post left shoulder subacromial decompression 05/17/13 and left knee scope May 2012. The request is for Zofran 4mg #1. RFA with the request not provided. Patient's diagnosis on 05/19/15 included lumbar spine radiculopathy. The patient ambulates with an antalgic gait. Physical examination to the lumbar spine on 04/27/15 revealed spasm and tenderness to palpation, and decreased range of motion, especially on extension 5 degrees. Positive straight leg raise test bilaterally. Per 05/19/15 report, sensory examination of the lower extremities revealed decreased sensation to light touch over the L4-S1 nerve root distribution bilaterally. MRI of the lumbar spine dated 04/06/15, per 04/27/15 report revealed "multilevel loss of disc space signal...L4-5... disc abnormalities: 2mm at L4-5. Facets are mildly prominent at L4-5 and small at L5-S1." Treatment to date has included home exercise program, imaging studies and medications. Patient's medications include Norco, Omeprazole, Gabapentin, Zofran, and medical foods. Patient's work status not provided. ODG Guidelines, Pain (Chronic) Chapter under Antiemetics (for opioid nausea) states: "Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." The patient's injury dates back to 12/09/09. Treater has not provided reason for the request. Zofran has been included in patient's medications, per progress reports dated 04/27/15 and 05/19/15. It is not known when this medication was initiated. In this case, there are no discussions pertaining to the need for Ondansetron or complaints of nausea. It appears treater is requesting this medication for nausea, since Norco is included in patient's medications. However, guidelines do not support this medication for nausea secondary to chronic opioid use. Therefore, the request is not medically necessary.

**Terocin 120ml #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Based on the 05/19/15 progress report provided by treating physician, the patient presents with low back pain radiating to the lower extremities with numbness and tingling, rated 5/10. The patient is status post left shoulder subacromial decompression 05/17/13 and left knee scope May 2012. The request is for Terocin 120ml #1. RFA with the request not provided. Patient's diagnosis on 05/19/15 included lumbar spine radiculopathy. The patient ambulates with an antalgic gait. Physical examination to the lumbar spine on 04/27/15 revealed spasm and tenderness to palpation, and decreased range of motion, especially on extension 5 degrees. Positive straight leg raise test bilaterally. Per 05/19/15 report, sensory examination of the lower extremities revealed decreased sensation to light touch over the L4-S1 nerve root distribution bilaterally. MRI of the lumbar spine dated 04/06/15, per 04/27/15 report revealed "multilevel loss of disc space signal...L4-5... disc abnormalities: 2mm at L4-5. Facets are mildly prominent at L4-5 and small at L5-S1." Treatment to date has included home exercise program, imaging studies and medications. Patient's medications include Norco, Omeprazole, Gabapentin, Zofran, and medical foods. Patient's work status not provided. MTUS, Topical Analgesics section, page 111 has the following: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels- are indicated for neuropathic pain... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." Per 05/19/15 report, treater states "Terocin 120 ml: instructing the patient to apply a thin layer to affected area 2-3 times a day." MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

**Capsaicin 0.025% Flurbi (NAP) cream 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Based on the 05/19/15 progress report provided by treating physician, the patient presents with low back pain radiating to the lower extremities with numbness and tingling, rated 5/10. The patient is status post left shoulder subacromial decompression 05/17/13 and left knee scope May 2012. The request is for Capsaicin 0.025% Flurbi (Nap) cream 180gm. RFA with the request not provided. Patient's diagnosis on 05/19/15 included lumbar spine radiculopathy. The patient ambulates with an antalgic gait. Physical examination to the lumbar spine on 04/27/15 revealed spasm and tenderness to palpation, and decreased range of motion, especially on extension 5 degrees. Positive straight leg raise test bilaterally. Per 05/19/15 report, sensory examination of the lower extremities revealed decreased sensation to light touch over the

L4-S1 nerve root distribution bilaterally. MRI of the lumbar spine dated 04/06/15, per 04/27/15 report revealed "multilevel loss of disc space signal...L4-5... disc abnormalities: 2mm at L4-5. Facets are mildly prominent at L4-5 and small at L5-S1." Treatment to date has included home exercise program, imaging studies and medications. Patient's medications include Norco, Omeprazole, Gabapentin, Zofran, and medical foods. Patient's work status not provided. MTUS, Topical Analgesics section, page 111 has the following: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels- are indicated for neuropathic pain... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." Per 05/19/15 report, treater states "Flurbi (NAP) Cream-LA 180gm: Flurbiprofen 20% -Lidocaine 5% - Amitriptyline 4%... apply a thin layer to affected area 2-3 times a day as needed for treatment of pain and inflammation." MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

**Gabaclotram 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Based on the 05/19/15 progress report provided by treating physician, the patient presents with low back pain radiating to the lower extremities with numbness and tingling, rated 5/10. The patient is status post left shoulder subacromial decompression 05/17/13 and left knee scope May 2012. The request is for Gabaclotram 180gm. RFA with the request not provided. Patient's diagnosis on 05/19/15 included lumbar spine radiculopathy. The patient ambulates with an antalgic gait. Physical examination to the lumbar spine on 04/27/15 revealed spasm and tenderness to palpation, and decreased range of motion, especially on extension 5 degrees. Positive straight leg raise test bilaterally. Per 05/19/15 report, sensory examination of the lower extremities revealed decreased sensation to light touch over the L4-S1 nerve root distribution bilaterally. MRI of the lumbar spine dated 04/06/15, per 04/27/15 report revealed "multilevel loss of disc space signal...L4-5... disc abnormalities: 2mm at L4-5. Facets are mildly prominent at L4-5 and small at L5-S1." Treatment to date has included home exercise program, imaging studies and medications. Patient's medications include Norco, Omeprazole, Gabapentin, Zofran, and medical foods. Patient's work status not provided. MTUS, Topical Analgesics section, page 111 has the following: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels- are indicated for neuropathic pain... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs):

The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product". Per 05/09/15 report, treater states "apply a thin layer to affected area 2-3 times a day as needed for treatment of pain and inflammation. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, Gabapentin, Cyclobenzaprine and Tramadol, which are not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

**Right L4-5 lumbar epidural steroid injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Based on the 05/19/15 progress report provided by treating physician, the patient presents with low back pain radiating to the lower extremities with numbness and tingling, rated 5/10. The patient is status post left shoulder subacromial decompression 05/17/13 and left knee scope May 2012. The request is for Right L4-5 lumbar epidural steroid injection. RFA with the request not provided. Patient's diagnosis on 05/19/15 included lumbar spine radiculopathy. The patient ambulates with an antalgic gait. Treatment to date has included home exercise program, imaging studies and medications. Patient's medications include Norco, Omeprazole, Gabapentin, Zofran, and medical foods. Patient's work status not provided. MTUS, Epidural Steroid Injections (ESI) Section, pages 46 and 47 states: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing". In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants.)" ODG guidelines Low back Chapter states as "diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed, in part, as a diagnostic technique to determine the level of radicular pain". Per 04/27/15 report, treater states "I personally reviewed the MRI findings with the patient in the office today. I recommend that the patient undergo lumbar epidural steroid injections at the right side of L4-5." Progress report dated 05/19/15 states "The patient has failed conservative

treatment (including drug therapy, activity modifications, and/or physical therapy as well as surgical intervention as noted above), has documented radicular symptoms and findings...The goal of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating and more active treatment programs, and avoiding surgery. Therefore, a transforaminal epidural steroid injection using fluoroscopy is being requested... The patient is in the diagnostic phase of receiving epidural steroid injections, as this will be the patient's initial injection..." Physical examination to the lumbar spine on 04/27/15 revealed spasm and tenderness to palpation, and decreased range of motion, especially on extension 5 degrees. Positive straight leg raise test bilaterally. Per 05/19/15 report, sensory examination of the lower extremities revealed decreased sensation to light touch over the L4-S1 nerve root distribution bilaterally. MRI of the lumbar spine dated 04/06/15, per 04/27/15 report revealed "multilevel loss of disc space signal...L4-5... disc abnormalities: 2mm at L4-5. Facets are mildly prominent at L4-5 and small at L5-S1." In this case, the patient presents with radicular symptoms and exam findings showing radiculopathy with neurological deficit over the L4-S1 dermatomal distribution, as well as positive bilateral SLR. This request for initial lumbar ESI would appear to be indicated. However, lumbar MRI report was not provided, and discussion of MRI study does not support radiculopathy, as there is no mention of nerve impingement, nor central canal or foraminal stenosis to corroborate findings. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.