



strength in the tibialis anterior and Extensis hallucis longus on the right, with symmetric reflexes. Prior to the requested epidural injection, the injured worker had been treated with opioids, muscle relaxants, anti-inflammatory medications, anticonvulsant medications, home exercise and physical therapy. However, there is no current documentation of any active treatment. The clinical benefit derived from his pain medication is not documented. His functional level is not documented.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The ODG does recommended epidural injections “as a possible option for *short-term treatment* of radicular pain with use *in conjunction with active rehab efforts*”. However, epidural injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Chronic duration of symptoms (> 6 months) has also been found to decrease success rates, and the ODG only recommends ESI when there has been a clear symptom-free interval followed by a recurrence of symptoms (something that is not present in this case). Therefore, based on the review of the medical documentation in my medical opinion the right L5 epidural injection is neither reasonable, nor necessary as it does not meet the ODG criteria.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**