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 and 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:

The injured worker is a 60-year-old male who reported an injury on 05/17/2013, due to a slip and fall. The injured worker's prior treatments include physical therapy for the right shoulder and lumbar spine, activity modification, medication, acupuncture for the lumbar spine and arm sling. Prior diagnostics are an x-ray of the right hip and right wrist, an MRI of the right shoulder, an EMG/NCV and an MRI of the lumbar spine. The EMG/NCV performed on 11/26/2013 revealed evidence of mild acute L5 radiculopathy on the right; however, the official report was not submitted for review. The MRI of the lumbar spine performed on 10/02/2013 revealed degenerative changes of the lower lumbar spine which were unchanged from the previous lumbar spine MRI. There was mild facet arthropathy, left greater than the right at L2-L3, bilateral facet hypertrophy at L3-L4, 1 cm to 2 cm broad based disc bulge, facet and ligamentous flavum hypertrophy resulting in left foraminal narrowing at L4-L5. At L5-S1, there was a grade 1 anterolisthesis of L5 on S1 measuring 2-3mm with partial un-roofing of the intervertebral disc. As a result, there was a 3-4mm dis/pseudo disc bulge which slightly deformed the ventral aspect of the thecal sac, but did not result in canal stenosis. There was moderate to severe neural foraminal narrowing bilaterally and the disc bulge did not definitely contact any descending nerve root but may contact the exiting left L5 nerve root. There was moderate to severe facet arthroposis at L5-S1, right greater than left. The official report was not submitted for review.

Surgical history includes right shoulder arthroscopy in 03/2014 as well as a colonoscopy. The injured worker complained of pain in the head, neck, right shoulder, back, right hip and leg. On physical examination dated 07/02/2014, sensation was decreased in the right L5 dermatome. Deep tendon reflexes were 2+ in the bilateral lower extremities. Strength was 5/5 in the bilateral lower extremities. Straight leg raise testing was limited to 50 degrees on the right in both supine and sitting. The injured worker's medications were Xanax, Gabapentin, Omeprazole and
Tramadol. The rationale for the request was not submitted with documentation for review. The Request for Authorization form was not provided with documentation submitted for review.

**IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar epidural steroid injection L3-L4, L4-L5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Criteria for the Use of Epidural Steroid Injections, page 300The American Medical Association Guide, 5th Edition, Page(s) 382-383.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections for injured workers with radiculopathy documented on physical examination and corroborated on an MRI and/or electrodiagnostic testing who have initially been unresponsive to conservative care. Guidelines further state it should be limited to 2 levels. The injured worker has undergone medication management as well as physical therapy. The injured worker was noted to have undergone an EMG/NCV which reportedly revealed evidence of left L5 radiculopathy and an MRI which reportedly revealed a disc bulge that contacted the exiting left L5 nerve. However, the official reports were not submitted for review to confirm these findings. Although sensation was noted to have been decreased in the right L5 dermatome, strength and deep tendon reflexes were noted to be within normal limits. The clinical information provided also failed to provide evidence of nerve root involvement either in imaging or electrodiagnostic studies or on physical examination involving the L3-L4 and L4-L5 level to support performing an epidural steroid injection at these requested levels. Also, the number of levels requested exceeds guideline recommendations of no more than 2 levels. Therefore, the request for L3-4, L4-5, L5-S1 epidural steroid injection is not medically necessary.