

Case Number:	CM14-0011871		
Date Assigned:	02/21/2014	Date of Injury:	06/14/1985
Decision Date:	06/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational Medicine 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 patient is a 76-year-old male who was injured on 06/14/1985. Mechanism of injury is unknown. Prior treatment history has included the following medications: AndroGel packets, Celebrex 200 mg, Dicyclomine, Effexor, Gabapentin 300 mg, Neurontin 600 mg, Niacin 500 mg. Diagnostic studies reviewed include MRI of the lumbar spine dated 12/20/2013 revealing the following impression: 1) Mild central canal stenosis at T12-L1. 2) Mild central canal stenosis at L1-2 and disc protrusion with mild foraminal stenosis. 3) Mild central canal stenosis at L2-3. There is disc protrusion and mild foraminal stenosis. 4) Moderate foraminal stenosis at L3-4. There is broad based disc protrusion and retrolisthesis. 5) Laminectomy at L4-5 with spondylolisthesis and disc protrusion. There is moderate to marked foraminal stenosis. Progress note dated 12/31/2013 documented the patient had some benefit from epidural steroid injections (ESI) so that he can get the rest of the series. He had a reduction in his pain by 50-60%. He still has some numbness in his feet and legs and his pain comes back if he sits too long. He is no longer taking narcotics and is able to walk and sit longer without pain. Assessment is for chronic pain syndrome. UR report dated 01/03/2014 denied the request for lumbar epidural steroid injection (LESI) bilateral L5-S1. There is no updated examination to support this request. The patient has had multiple lumbar surgeries with no recent diagnostic study to review. The last injection was a month ago, with no indication of therapeutic duration of action as of this time. The lumbar epidural steroid injections, bilateral L5-S1 are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION BILATERAL L5-S1(CPT6211): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections

Decision rationale: MTUS and ODG guidelines recommend lumbar epidural steroid injection (ESI) for lumbar radiculopathy corroborated by physical examination findings and diagnostic studies. The patient is a 76-year-old male with chronic low back pain and date of injury of 6/14/85. He has had several lumbar surgeries according to records. The patient has complaints of pain and numbness in a dermatomal distribution. However, there are no documented findings of radiculopathy on physical examination. Lumbar MRI from December 2013 shows moderate to marked foraminal stenosis but no mention of nerve compromise. The patient had lumbar ESI at L5-S1 on 11/27/13 with report of reduction in pain though functional improvement is not documented. Medical necessity is not established.