

Case Number:	CM14-0081928		
Date Assigned:	07/23/2014	Date of Injury:	11/01/2001
Decision Date:	11/21/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/03/2014

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 Internal 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 injured worker (IW) is a 66-year-old man with a date of injury of August 1, 2001. He was a general laborer, stocker and loader at the time of injury. He was carrying 70 to 80 pounds of weight while he was unloading a container. He slipped and fell on something on the floor and caught his right leg between two firm objects and sustained injury to the low back and right knee. Pursuant to the progress note dated May 15, 2014, the IW had ongoing complaints of back pain with radiation down the left lower extremity into the left thigh and leg. The pain distribution is classis at L2 and L3 distribution in the left side. On examination, the IW had well healed incisions from L4 through S1 midline as well as bilateral lesions. There is tenderness at the L2-L3, L3-L4 levels as well as left superior iliac crest more so on the right. The IW had a difficult time transitioning from the seated position to the standing position. The injured worker was diagnosed with: Status-post lumbar fusion at L4, L5 and S1 with adjacent level disease at L2, L3 and L4-L4 with stenosis and spondylosis. Surgery performed September 8, 2005 and re-operative procedure on September 13, 2005. Current medications are not documented. EMG/NCV of the lower extremities dated April 27, 2011 reveal essentially normal conduction velocities of the lower extremities. MRI of the lumbar spine dated April 17, 2014 reveals: Disc bulge at L2-L3 causing moderate right neural foraminal (NF) narrowing and right LR narrowing, hypertrophic facet changes, probable mass effect on the right L3 neural foramina, L3-L4 causing mild to moderate bilateral left more than right neural foraminal narrowing, hypertrophic facet changes; mixed oystio lesion at L4-L5 distal to left neural foramina and appears to be mass effect on left L4 nerve root. Treatment plan indicated that the IW will proceed with approved physical therapy. A selective nerve root block will be requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Selective Epidural Block L2-4: Upheld

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

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); Pain Chapter, Epidural Steroid Injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, lumbar selective epidural block L2 L4 is not medically necessary. The Official Disability Guidelines set forth the criteria for the use of epidural steroid injections. They include, but are not limited to: radiculopathy must be documented by physical examination and corroborated by imaging studies and or in electrodiagnostic testing. Epidural steroid injections/blocks are recommended as an option for treatment of radicular pain (defined as pain in a dermatome of distribution with corroborative findings of radiculopathy). In this case, the injured worker is a 66-year-old man. He sustained injury to his lower back and right knee and has a history of Parkinson's disease. He had low back surgery September 8, 2005, a re-operative procedure August 13 of 2005 on the L4 - L5 and the L5 - S1 with a laminectomy and foraminotomy on August 12, 2008. He had a significant amount of conservative care during the treatment. Treatment included post-operative pool therapy, physical therapy, and follow-up MRI lumbar spine. One of the criteria for epidural steroid injection/block however is the documentation on physical examination corroborated by imaging studies of radiculopathy. Radiculopathy is absent from the medical record documentation. Based on the clinical information in the medical record of the peer-reviewed evidence-based guidelines, lumbar selective epidural block L2 - L4 is not medically necessary.