

Case Number:	CM14-0084429		
Date Assigned:	07/21/2014	Date of Injury:	11/01/2001
Decision Date:	09/18/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 66-year-old male with a date of injury of 08/01/2001. The listed diagnosis per Dr. [REDACTED] is status post lumbar fusion L4 to S1 with adjacent level disease L2-L3 and L3-L4 with stenosis and spondylosis, June 2008. According to progress report 04/17/2014, the patient presents with chronic low back pain. Treater states MRI from 04/17/2014 confirms stenosis at L2-L3 and L3-L4, and he has solid fusion at L4-L5 and L5-S1. There is also evidence of facet arthrosis at L2-L3 and L3-L4. Examination revealed tenderness at the L2-L3 and L3-L4 levels as well as left superior iliac crest more so than on the right. The patient has a difficult time transitioning from the seated position to the standing position. Treater states the patient should undergo lumbar epidural injection at L2 through L4. Utilization review denied the request on 06/23/2014.

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 L2-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's
Page(s): 46,47.

Decision rationale: This patient presents with chronic low back pain. The patient is requesting a lumbar epidural steroid injection at levels L2 through L4. MTUS Guidelines page 46 and 47 recommends ESI as an option for treatment for radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Review of the MRI of the lumbar spine from 04/17/2014 indicates a 4 mm retrolisthesis at L2-3. At L3-L4, there is a 4 mm disk bulge and L4-L5 revealed evidence of intervertebral body spacer. Progress report 04/02/2014 indicates the patient has continued low back pain with limited painful range of motion and positive straight leg raise bilaterally. Report 04/17/2014 states the patient has tenderness in the lower back as well as the left iliac crest and has difficulty transitioning from seated to standing position. In this case, the patient does not present with any leg pain and an ESI would not be indicated. Therefore epidural block at L2-4 is not medically necessary.