

Case Number:	CM14-0127111		
Date Assigned:	08/13/2014	Date of Injury:	05/20/1983
Decision Date:	09/11/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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:

Patient is an injured worker with lumbar disc disease and lumbar spine radiculopathy. Date of injury was 05-20-1983. Regarding the mechanism of injury, the patient injured his back while unloading baggage. Progress report dated July 3, 2014 documented subjective complaints low back pain that is now moderate to severe. The pain is 6 to 7/10. She is trying to do physical therapy. She is not taking narcotic-based medications, just anti-inflammatory medication, but the pain has persevered. In July 2013, she had an electromyogram and nerve conduction studies (EMG/NCV) performed that showed an L5 radiculopathy on the right side. On physical examination blood pressure is 120/70, pulse is 70, respirations are 14, and temperature is 98.7. Lungs are clear to auscultation. The heart has a regular rate and rhythm. Strength is 5/5 bilaterally in the lower extremities. Sensation is decreased in the right L5 dermatome. She has a hypoactive right patellar tendon and right ankle reflex. She has positive straight leg raising at 30 degrees in the right lower extremity. She has decreased lumbar spine range of motion with lumbar spine flexion and extension. With flexion she has pain shooting down her right leg. Diagnoses were lumbar disc disease and lumbar spine radiculopathy. Request for authorization (RFA) dated 07-24-2014 requested right L5 transforaminal steroid injection and Epidurography. Utilization review dated 07-31-2014 recommended approval of right L5 transforaminal steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidurography QTY: 1.00: Overturned

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 (ESIs) Page(s): Page 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back - Lumbar & Thoracic (Acute & Chronic)Epidural steroid injections (ESIs), therapeuticAmerican Journal of Neuroradiology1999 Apr;20(4):697-705.Epidurography and Therapeutic Epidural Injections: Technical Considerations and Experience with 5334 CasesBlake A. Johnson, Kurt P. Schellhas, and Steven R. Pollehttp://www.ncbi.nlm.nih.gov/pubmed/10319985http://www.ajnr.org/content/20/4/697.long.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines present criteria for the use of epidural steroid injections (ESI). Epidural steroid injections should be performed using fluoroscopy (live x-ray) for guidance. Official Disability Guidelines (ODG) state that epidural steroid injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. American Journal of Neuroradiology (AJNR) article titled Epidurography and Therapeutic Epidural Injections (1999) concluded that epidurography in conjunction with epidural steroid injections provides for safe and accurate therapeutic injection and is associated with an exceedingly low frequency of untoward sequelae. It can be performed safely on an outpatient basis. Progress report dated July 3, 2014 documented the diagnoses of lumbar disc disease and lumbar spine radiculopathy. Electromyogram and nerve conduction studies (EMG/NCV) performed in July 2013 showed L5 radiculopathy on the right side. Utilization review dated 07-31-2014 recommended approval of right L5 Transforaminal steroid injection. The ODG recommendation to use injection of contrast supports the medical necessity of Epidurography. Therefore, the request for Epidurography QTY: 1.00 is Medically Necessary.