

Case Number:	CM14-0164759		
Date Assigned:	10/09/2014	Date of Injury:	09/04/1999
Decision Date:	11/10/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/07/2014

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 52-year-old female with a date of injury of 09/04/1999. The listed diagnoses per [REDACTED] are: 1. Post-laminectomy syndrome, cervical spine. 2. Lumbar disk displacement without myelopathy. According to progress report 08/26/2014, the patient presents with neck, shoulder, and back pain. The patient reports having trouble walking and standing because her "legs are very firm." She also notes pain and swelling down both legs. MRI of the lumbar spine from 01/06/2014 revealed mild L2-L3 and L3-L4 spinal stenosis secondary to facet and ligamentum flavum hypertrophy. Examination of the lumbar spine revealed decreased range of motion, decreased sensation in the dermatomes L2 through S1 on the right, and a negative straight leg raise. The patient's treatment history includes shoulder surgery in 2006, cervical discectomy in November 2002, cervical fusion in November 2006, and a repeat fusion in 2008. The treater is requesting a lumbar epidural steroid injection at L2-L3 and L3-L4 to include an epidurogram, fluoroscopic guidance, and IV sedation. Utilization review denied the request on 09/05/2014. Treatment reports from 02/12/2014 through 08/26/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural steroid injection at L2-3 and L3-4 to include: lumbar epidurogram, fluoroscopic guidance, and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: This patient presents with bilateral shoulder, neck, and low back pain. The treater is requesting epidural injection at L2-L3 and L3-L4 to include an epidurogram, fluoroscopic guidance, and IV sedation. The MTUS guidelines have the following regarding ESI under chronic pain section, pages 46 and 47, "Recommended as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborated findings of radiculopathy)." Although this patient has radicular symptoms, the radiating symptoms do not correlate with MRI findings. The MRI report revealed mild spinal stenosis that unlikely account for the patient's complaints of low back and bilateral leg pain. Examination is not helpful in clearly identifying radiculopathy. Furthermore, the current request includes an epidurogram, which is not indicated. Injections of contrast to ensure proper placement of the injection is part of the ESI procedure. Additional billing for epidurogram is not discussed in any of the guidelines. Recommendation is for denial.