

Case Number:	CM14-0177065		
Date Assigned:	10/30/2014	Date of Injury:	09/20/2009
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/24/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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

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 is a 63 year-old male with date of injury 9/20/09 with related low back and neck pain. Per progress report dated 9/4/14, the injured worker reported pain that radiated to the right shoulder. There were paresthesias, numbness, and weakness in the arm and hand. The injured worker also reported low back pain with radiation. Per physical exam, there was restricted range of motion, straight leg raising test was positive, there was decreased sensation on the right leg, motor strength was intact. The documentation submitted for review did not indicate whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 9/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS and ODG are silent on epidurography. Per 6/30/14 UR decision, lumbar steroid injection at right L4-L5, L5-S1 was certified. Requested epidurography was non-certified. Per the MTUS guidelines regarding ESI, 3) Injections should be performed using

fluoroscopy (live x-ray) for guidance. Fluoroscopic guidance is part of the ESI procedure, separate epidurography is not medically necessary.

Monitored anesthesia care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Facet Joint Diagnostic Blocks

Decision rationale: The MTUS and ODG are silent on monitored anesthesia care. Per 6/30/14 UR decision, lumbar steroid injection at right L4-L5, L5-S1 was certified. Requested monitored anesthesia care was non-certified. Regarding diagnostic blocks, the ODG states that the use of sedative during the block can interfere with an accurate diagnosis, however, no guidance is provided with consideration of therapeutic blocks. The documentation submitted for review does not provide a rationale supporting the medical necessity of monitored anesthesia care. The request is not medically necessary.