

Case Number:	CM15-0146546		
Date Assigned:	08/07/2015	Date of Injury:	08/24/2014
Decision Date:	09/03/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old female with an August 24, 2014 date of injury. A progress note dated May 21, 2015 documents subjective complaints (pain in the right side of the lower lumbar spine; burning and aching pain symptoms along the right medial knee with numbness and tingling along the medial knee and down the anterior shin to the mid shin; pain rated at a level of 4 out of 10), objective findings (antalgic gait on the right; tenderness in the midline from L4-S1 and along the right lumbar paravertebral area; painful range of motion of the lumbar spine; decreased sensation in the right medial knee and proximal shin; straight leg raise in the right produces only knee pain; tenderness along the right medial knee joint line; limited extension of the right knee), and current diagnoses (lumbago; sprain and strain of the neck; sprain and strain of the lumbar region; enthesopathy of the hip region; pain in joint, lower leg). Treatments to date have included medications, magnetic resonance imaging of the cervical spine (showed some cervical spondylitic changes most pronounced at C5-C6 and C6-C7 with some slight retrolisthesis at the C5-C6 level without cord compression or cord signal changes), magnetic resonance imaging of the lumbar spine (showed some mild degenerative disc desiccation and disc bulging at L5-S1 but without disc herniation or stenosis, and maybe some mild facet degenerative changes), magnetic resonance imaging of the knee (showed some slight effusion of the knee), lumbar facet block with significant reduction of pain lasting up to about one week, sacroiliac joint injection with no relief, and knee injection that provided mild to moderate improvement of the symptoms. The treating physician documented a plan of care that included epidurography with a radiofrequency ablation.

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 www.ncbi.nlm.nih.gov/pubmed/8465493.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: Diagnostic epidurography under fluoroscopic guidance is performed to assess the structure of the epidural space and is usually performed prior to the epidural steroid injections. Epidurography in conjunction with epidural steroid injections may provide 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 and does not require sedation or special monitoring. Review has not demonstrated any plan for epidural steroid injection nor has any such procedures been approved. Thereby, the Epidurography is not medically necessary and appropriate.