

Case Number:	CM15-0203677		
Date Assigned:	10/20/2015	Date of Injury:	04/26/2007
Decision Date:	12/28/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/16/2015

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, Pain Management

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 50 year old female, who sustained an industrial injury on 4-26-07. The injured worker was diagnosed as having lumbar disc displacement without myelopathy and lumbar disc degeneration. Subjective findings (5-6-15, 6-5-15, 7-2-15 and 8-21-15) indicated chronic low back pain with more severe pain in the left buttock. The injured worker rates her pain 5 out of 10 with medications. She reported that acupuncture was helpful in reducing her pain. Objective findings (5-6-15, 6-5-15, 7-2-15 and 8-21-15) revealed spasms and guarding in the lumbar spine. Upper and lower extremities responded normally to reflex tests. As of the PR2 dated 9-10-15, the injured worker reports chronic low back pain with more severe pain in the left buttock. The treating physician noted that the injured worker is currently working full-time. Objective findings include a positive straight leg raise test on the left and spasms and guarding in the lumbar spine. Treatment to date has included a lumbar CT on 1-19-15 showing osteophytic impingement upon the left neuroforamen at both post-operative levels of L4-L5 and L5-S1, acupuncture for the lumbar spine, Lidoderm patch, Voltaren gel, Norco and Motrin. The Utilization Review dated 9-22-15, non-certified the request for a left L4 and L5 transforaminal lumbar epidural steroid injection, lumbar epidurogram, contrast dye, IV sedation and fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 and L5 transforaminal lumbar epidural steroid injection Qty: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Regarding the request for lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there are recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Although guidelines do have criteria for repeat injections, the prior LESIs done years ago were done by other providers and before the patient had lumbar spine surgery. Therefore, this should be consider a disparate request. MRI has shown narrowing at the L4 and L5 levels, which corroborates the exam findings. Given this, the currently requested lumbar epidural steroid injection is medically necessary.

Lumbar epidurogram Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alemo S, Sayadipour A. Observational study of the use of an epidurogram in interlaminar lumbar epidural steroid injection, Br J Anaesth. 2010 May; 104(5):665-6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation American College of Radiology Epidurography <http://www.acr.org/Advocacy/Economics-Health-Policy/Billing-Coding/Coding-Source-List/2006/Mar-Apr-2006/Coding-of-Diagnostic-and-Therapeutic-Spinal-Procedures> CPT® 2016 Professional Edition by AMA.

Decision rationale: With regard to the request for epidurography, this is an associated request with an epidural steroid injection. The epidural steroid injection has been deemed medically necessary. However, according to the American Medical Association's latest Current Procedural Terminology, the codes for an epidural steroid injection includes both fluoroscopic guidance and injection of contrast. The separate CPT code of epidurogram is a separate imaging study that is not intended to be billed along with an epidural steroid injection. Per the American College of Radiology: "Epidurography consists of a diagnostic evaluation following an injection of contrast into the epidural space, and must include permanent image-recording and a formal diagnostic radiology report. The injection of contrast alone is not sufficient to code for a formal diagnostic study, since CPT defines spinal injection surgical codes as being inclusive of the injection of contrast. In epidurography, the epidural space is visualized to evaluate the nerves and nerve roots, and to identify whether there is free flow of contrast within the epidural space. Areas of

scarring, swelling, narrowing, or abnormalities of the nerves can be seen. Based on the findings of epidurography, treatment options can be considered. When epidurography is performed as a separate diagnostic study, CPT code 72275 may be used." Therefore, this request is not medically necessary. The provider should use fluoroscopic guidance and contrast as needed to guide the epidural injection without utilizing any distinct radiologic study or separate CPT code.

Contrast dye: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alemo S, Sayadipour A. Observational study of the use of an epidurogram in interlaminar lumbar epidural steroid injection, Br J Anaesth. 2010 May; 104(5):665-6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: With regard to the request for contrast, this is an associated request with an epidural steroid injection. The epidural steroid injection has been deemed medically necessary. From a medical perspective, the use of this request is appropriate, as this allows localization of where the needle tip is. The IMR process is opining only on medical necessity, and commentary on whether the claims administrator ought to separately reimburse this item, or whether it part of a global fee in an epidural steroid injection is beyond the scope of the IMR discussion.

IV Sedation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Low Back Chapter and Other Medical Treatment Guidelines National Guideline Clearinghouse, ACR-SIR practice guideline for sedation/analgesia.

Decision rationale: In this case, there is controversy over whether IV sedation is medically necessary for this interventional spine procedure. The CA MTUS does not directly address this issue. The ODG Neck and Low Back Chapters state that IV sedation is not appropriate for diagnostic medial branch blocks or diagnostic facet injections. However, there is limited commentary regarding situations where this is appropriate. Instead, the guidelines of the NGC are cited. The guideline was authored collaboratively by the American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) "to assist physicians in the safe administration of sedation/analgesia and monitoring of patients receiving sedation/analgesia outside the operating room. Sedation/analgesia allows patients to tolerate diagnostic imaging, image-guided interventions, and radiation oncology procedures by relieving anxiety, discomfort, or pain. It facilitates and may optimize diagnostic imaging, image-guided interventions, and radiation oncology procedures that require patient cooperation." Within the documentation

available for review, there is a documented indication for a TFESI. The provider notes that the patient is given a light sedation to ease anxiety. Therefore, per guidelines, light IV sedation is appropriate. This request is medically necessary.

Fluoroscopic guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fluoroscopy.

Decision rationale: Regarding the request fluoroscopic guidance, Official Disability Guidelines state that fluoroscopy is recommended when performing epidural steroid injections. The guidelines state that fluoroscopy is considered important when guiding a needle into the epidural space. Given that the requested transforaminal lumbar epidural injection was deemed medically necessary, the requested fluoroscopic guidance is medically necessary. From a medical perspective, the use of this request is appropriate. The IMR process is opining only on medical necessity, and commentary on whether the claims administrator ought to separately reimburse this item, or whether it part of a global fee in an epidural steroid injection is beyond the scope of the IMR discussion.