

Case Number:	CM15-0210602		
Date Assigned:	10/29/2015	Date of Injury:	03/17/2010
Decision Date:	12/21/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/27/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 45 year old male, who sustained an industrial injury on 3-17-10. Medical records indicate that the injured worker is undergoing treatment for lumbosacral spine intervertebral disc displacement, lumbago with sciatica right side and lumbar spondylosis without myelopathy or radiculopathy. The injured worker is currently not working. On (10-15-15) the injured worker complained of low back pain. The injured worker had undergone medial branch blocks on 9-17-15 and reported decreased pain to 1-2 out of 10 for 2-3 days. The pain had now returned to baseline. Examination of the lumbar spine revealed pain in the left paralumbar areas, aggravated with extension and rotation to the left. The injured worker had a bit of discomfort on the right side as well, but the maneuvers were better tolerated. A straight leg raise test was negative. The treating physician recommended radiofrequency ablation targeting the lumbar facet joints at lumbar four through sacral one. Treatment and evaluation to date has included medications, MRI of the lumbar spine, electrodiagnostic studies, transformational epidural steroid injections, lumbar radiofrequency ablation and lumbar medial branch blocks. Current medications include Norco, Flector 1.3% transdermal patches, Lisinopril, Metformin and Novolin insulin. The current treatment request is for one epidurography and interpretation. The Utilization Review documentation dated 10-23-15 non-certified the request for one epidurography and interpretation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidurography and Interpretation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Epidurography.

Decision rationale: With regard to the request for epidurography, California MTUS guidelines indicate epidural steroid injections may afford short time improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus. However, the guidelines do not refer to epidurography as an independent procedure. ODG guidelines do not recommend routine epidurography unless mapping the anatomy of the epidural space beyond available CT or MRI images is required. The documentation provided does not support the request for epidurography. Furthermore, the procedure requested is radiofrequency ablation and not epidural steroid injections. As such, the request for epidurography is not supported and the medical necessity has not been substantiated. The request is not medically necessary.