

Case Number:	CM15-0221746		
Date Assigned:	11/17/2015	Date of Injury:	02/14/2014
Decision Date:	12/24/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/11/2015

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: Preventive Medicine, Occupational Medicine

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 58 year old male, who sustained an industrial injury on 2-14-2014. The medical records indicate that the injured worker is undergoing treatment for neck pain. According to the progress report dated 8-6-2015, the injured worker presented with complaints of severe pain in his neck and arms with flexion. The level of pain is not rated. The physical examination of the cervical spine reveals tenderness over the bilateral paraspinous, trapezius, and superior paraspinous. He has decreased sensation of the C5 and C6 dermatome of the left upper extremity. The current medications are Naproxen, Pantoprazole, Norco, Cyclobenzaprine, and Lorazepam. Previous diagnostic studies include MRI of the cervical spine. The treating physician describes the MRI as "neuroforaminal stenosis on the right C4-C5 prominent reflecting uncovertebral spurring. At C5-C6 this is spinal canal narrowing at the lower limits at 10 millimeter minimal encroachment of the exiting neural foramina bilaterally". Treatments to date include medication management. Work status is described as restricted duty. The treatment plan included cervical epidural steroid injection with epidurogram. The original utilization review (10-19-2015) had non-certified a request for cervical epidurogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidurogram, for the approved cervical ESI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Coding Guideline L30481 LCD Title Epidural and Transforaminal Epidural Injections Contractor's Determination Number NEURO-007 CMS National Coverage Policy XVIII of the Social Security Act.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.hcpro.com/HIM-282141-8160/Simplify-diagnostic-procedural-pain-management-coding.html> http://www.hcca-info.org/Portals/0/PDFs/Resources/Compliance_Today/0809/ct0809_20_Miller.pdf.

Decision rationale: MTUS Guidelines do not address this issue. Published standards of coding specifically state that fluoroscopic localization and epidurograms are bundled procedures i.e. there cannot be billing for both procedures. The request for the epidural includes fluoroscopic localization, which was authorized. The addition of the request for an epidurogram is redundant and not allowed per standards of billing and reimbursement. There are no unusual circumstances to justify an exception to national procedure and billing standards. The Cervical epidurogram, for the approved cervical ESI is not medically necessary as a distinct and separate procedure in addition to fluoroscopic localization.