

Case Number:	CM15-0055106		
Date Assigned:	03/30/2015	Date of Injury:	10/01/2012
Decision Date:	05/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/23/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 35-year-old female who has reported low back and leg pain after falling on 10/1/12. The MRI on 6/25/14 showed L4-5 disc protrusion with moderate narrowing of the lateral recesses and mild to moderate foraminal narrowing. There was an L5-S1 disc protrusion with moderate foraminal narrowing. No definite nerve root impingement was present per the radiology report. The diagnoses have included disc protrusions and radiculopathy. Treatment to date has included medications, physical therapy, and an epidural steroid injection. A qualified medical examination (QME) from an evaluation date of 8/18/14 noted ongoing low back and radicular leg pain. There were no motor deficits. There was no discussion of any prior epidural steroid injections. Surgery and epidural steroid injection were treatment options. Reports from the primary treating physician during 2014-2015 reflect ongoing low back and left lower extremity pain with paresthesias. L5 and S1 sensory deficits were present. Per the Neurosurgical Consultation dated 3/10/2015, there was left lower extremity pain with weakness and numbness. The injured worker had attended physical therapy. She was not working. Hypesthesia was noted over the left L5 dermatome of the lateral portion of the calf. The ankle reflexes were absent. The plan of care included left L4-5 and L5-S1 epidural steroid injection x 2, intravenous infusion therapy, needle localization by x-ray, and epidurography. A prior epidural steroid injection was not discussed in any detail other than stating that it was not performed by a neurosurgeon. Surgery was a future option. On 3/20/15, Utilization Review non-certified the requested epidural steroid injections and the associated procedures, noting the lack of sufficient indications per the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 and L5-S1 epidural steroid injection, times two: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This injured worker has reported radicular symptoms chronically. The MRI shows possible sources of nerve root irritation or compression. There are physical findings of a focal radiculopathy. The clinical findings are adequate to support an epidural steroid injection for diagnostic or therapeutic purposes. The injections at the two levels are therefore medically necessary. The Utilization Review is overturned as the Utilization Review did not appear to adequately address the guidelines and clinical findings. The Utilization Review non-certification appeared to be based on something unclear about the request rather than the clinical details.

IV infusion therapy: Upheld

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

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

Decision rationale: This request may pertain to the most appropriate method of billing for epidural steroid injection and associated procedures. If so, Independent Medical Review is not the venue for settling billing disputes or questions. From a medical necessity perspective, the request, as per the listed CPT code, is for infusion therapy. No specific therapy was stated. IV access during the procedure would not appear to be infusion therapy but the billing aspect is not an Independent Medical Review issue. Given the lack of any specific indication for infusion therapy, it is not medically necessary.

Needle localization by x-ray: Upheld

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

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

Decision rationale: Guidelines recommend epidural steroid injection under fluoroscopy. This request is therefore medically necessary. The Utilization Review did not address this question since the epidural steroid injections were not certified by Utilization Review.

Epidurography: Upheld

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

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

Decision rationale: This request may pertain to the most appropriate method of billing for epidural steroid injection and associated procedures. If so, Independent Medical Review is not the venue for settling billing disputes or questions. From a medical necessity perspective, the request, as per the listed CPT code, is for a diagnostic procedure, not a therapeutic procedure. Fluoroscopy and contrast are recommended per guidelines to be used during epidural steroid injection; however this is generally part of the therapeutic procedure. The treating physician has not provided specific indications for a separate diagnostic epidurogram or myelogram. Absent further evidence that there is significant likelihood of epidural or spinal pathology requiring a formal epidurogram or myelogram, this diagnostic procedure is not medically necessary. If this request is actually a billing question, Independent Medical Review is not the appropriate venue to resolve that issue.