

Case Number:	CM15-0085038		
Date Assigned:	05/07/2015	Date of Injury:	01/14/2014
Decision Date:	06/09/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/04/2015

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 50-year-old female, who sustained an industrial injury on January 14, 2014, incurring low back injuries. She was diagnosed with lumbago, lumbar disc displacement and lumbar radiculopathy. Comorbid conditions include obesity (BMI 33). X rays of the thoracic spine and lumbar spine were unremarkable. Magnetic Resonance Imaging revealed multi-level degenerative disc disease with disc protrusion. Electromyography studies were abnormal. Treatments included activity modification, physical therapy, pain medications and home exercise program. Ice, heat and anti-inflammatory drugs provided no relief of pain. Currently, the injured worker complained of constant pain in the low back that was aggravated with activities and prolonged walking, sitting and standing. Bilateral lumbar transforaminal injection with anesthesia care was certified for the injured worker. The treatment plan that was requested for authorization included Epidurography diagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidurography: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed/10319985>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 303-5, 309-10, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Chronic Regional Pain Syndrome (sympathetic and epidural blocks) Page(s): 39-40, 46. Decision based on Non-MTUS Citation 1) Johnson BA1, Schellhas KP, Pollei SR. Epidurography and therapeutic epidural injections: technical considerations and experience with 5334 cases. AJNR Am J Neuroradiol. 1999 Apr;20(4):697-705. 2) American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. 3) Silbergleit R, Mehta BA, Sanders WP, Talati SJ. Education Exhibit: Imaging-guided Injection Techniques with Fluoroscopy and CT for Spinal Pain Management. Radiographics, July 2004. Vol 21:4. From the 1999 RSNA scientific assembly. Received November 3, 2000.

Decision rationale: Epidurography is a radiologic procedure in which a radiologically opaque dye is injected into the epidural space. It is used to assess the structure of the epidural space. This helps guide needle placement for epidural steroid injections since even in experienced hands, blind epidural steroid injections result in inaccurate needle placement in up to 30% of cases. Using this imaging appears to provide better results and reduce complication rates from epidural injections. The MTUS does not comment on its use. Neither does the American Society of Interventional Pain Physicians. There are no clinical practice guidelines that direct use of this imaging modality. This patient has neuropathic pain related lumbar discogenic disease. Conservative care has not adequately controlled the pain and epidural injection is now a viable therapy. As per the above information, use of this procedure appears to be appropriate. Medical necessity has been established.