

<b>Case Number:</b>	CM15-0088643		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	10/12/2006
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Maryland  
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 33-year-old male, who sustained an industrial injury on 10/12/06. Initial complaints are of cumulative trauma. The injured worker was diagnosed as having lumbago; sciatica. Treatment to date has included physical therapy; home exercise program; medications. Diagnostics included MRI lumbar spine (9/3/13); x-rays pelvis (12/11/14). Currently, the PR-2 notes dated 3/25/15 indicated the injured worker came to the office as a follow-up on his chronic low back pain. His current medications are documented as Naproxen sodium 550mg BID and prior treatment include physical therapy. The documentation notes he was identified to have a "positive ESR and CRP". He has been evaluated by a rheumatologist who felt he has HLA B27-spondyloarthropathy related to accumulation of repetitive trauma from prior work injuries. He rates his pain as 7/10 and can range between 4-8/10. The pain is described as aching sensation across the lumbar spine with sporadic bilateral leg paresthesias. Physical therapy is noted to have loosened his back specifically in the morning, but does not have significant change in pain scores. He has completed 5 of 6 physical therapy session with a home exercise program he feels he can maintain. The physical examination reveals tenderness in the midline from L4-S12 long the bilateral paravertebral area; flexion to ankles with stiffness and some pain and extends about 15 degrees with same. He has positive facet loading with left worse than right located around the L4-5 and L5-S1 levels. Neurologically sensation, reflexes, and motor testing were intact in both lower extremities with straight leg raise negative bilaterally. There is no documentation of any lumbar surgical intervention. A lumbar spine MRI dated 9/3/13 reveals no marrow edema or compression fracture but at L5-S1, there was a small disc bulge contributing to the mild narrowing along the exit zone of the left neural foramen. There was no right foraminal narrowing or canal stenosis. The provider documents MRI likely indicating facet mediated pain. His treatment plan includes a request for Medial branch block at bilateral L4-L5 and L5-S1.

Utilization Review has denied this portion of the request: Epidurography, radiological supervision and interpretation order.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Epidurography, radiological supervision and interpretation order Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8465493> - Myelography and epidurography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AJNR Am J Neuroradiol. 1999 Apr; 20(4): 697-705, Epidurography and therapeutic epidural injections: technical considerations and experience with 5334 cases, Johnson BA1, Schellhas KP, Pollei SR.

**Decision rationale:** Epidurography, radiological supervision and interpretation order Qty: 1.00 is not medically necessary per a review online of epidurography. The MTUS and the ODG do not discuss epidurography. A journal review online states that epidurography in conjunction with epidural steroid injections provides for safe and accurate therapeutic injection and is associated with an exceedingly low frequency of untoward sequelae. It can be performed safely on an outpatient basis and does not require sedation or special monitoring. The documentation is not clear on why this procedure is being requested therefore this request is not medically necessary.