

Case Number:	CM14-0163841		
Date Assigned:	10/08/2014	Date of Injury:	09/03/2008
Decision Date:	11/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54 year-old female with the date of injury of 09/03/2008. The patient presents with pain in her lower back, aggravated by her activities. The patient uses a cane to walk. The patient rates her average pain as 6/10 on the pain scale. The range of lumbar motion is limited. The flexion is about 45 degrees, extension is about 5 degrees and lateral bending is about 10 degrees. According to [REDACTED] report on 08/29/2014, diagnostic impressions are: 1) Brachial neuritis or radiculitis not otherwise specified 2) Cervicalgia 3) Lumbar disc displacement without myelopathy 4) Spasm of muscle The utilization review determination being challenged is dated on 09/24/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/19/2014 to 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for dates of service 1/21/2013 for Fluoroscopic guided Epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 47.

Decision rationale: The patient presents pain in her lower back. The patient is status post anterior and posterior L5-S1 decompression and fusion on 11/04/2013 and 11/05/2013. The request is retrospective request for date of service 1/21/13 for Fluoroscopic guided Epidurogram. The included file does not provide a rationale for the requested Epidurogram and it would appear that it was part of an ESI provided on 1/21/13. The utilization letter on 09/24/2014 references prior MRI showing possible impingement on the exiting L5 nerve root as the reason for the ESI. For ESI, MTUS guidelines state that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/ or electrodiagnostic testing." In this case, no current reports suggest radiculopathy but the reports prior to 1/21/13 are missing to determine whether or not ESI was appropriately performed. More importantly, however, while Fluoroscopic guidance is supported by MTUS guideline, Epidurogram is not. Neither MTUS nor ODG guidelines discuss any need for epidurogram with ESI's. ESI requires a small amount of contrast injection to confirm position of the needle but this is part and parcel of the procedure itself. ESI procedure does not require a separate epidurogram, the outlining of the epidural space for other diagnostic purposes. The request is not medically necessary.