

Case Number:	CM15-0013257		
Date Assigned:	01/30/2015	Date of Injury:	09/20/2010
Decision Date:	03/26/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/22/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 62-year-old male, who sustained a work/ industrial injury on 9/20/10 as a crew event worker when he slipped and fell on the ice landing on his back and striking his head becoming unconscious. He has reported symptoms of neck, upper back, lower back, and bilateral upper extremity pain. Prior medical history included arthritis, diabetes mellitus, hypercholesterolemia, and hypertension. Surgery included cervical fusion from C3-7. Headaches were persistent. The diagnoses have included radiculopathy. Medications included Actos, Amlodipine besylate, Atorvastatin, Capsaicin cream, Diclofenac, Famotidine, glipizide, Ibuprofen, Lavitra, Lisinopril, Metformin, Naproxen, Norco, Omeprazole, Terazosin, Tramadol, Tylenol, and Valium. Treatment to date has included conservative treatments, activity modification, neurology consult, urological consult, chiropractic care. A request was made for epidurography. On 12/22/14, Utilization Review non-certified an Epidurography, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://downloads.cms.gov/medicare-coverage->

database/icd_attachments/30481_1/020810_00066_L30481_NEURO007_cbg.pdg; Epidural and transforaminal epidural injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS guidelines with regard to epidural steroid injections: Injections should be performed using fluoroscopy (live x-ray) for guidance. Epidurography is outlining of the epidural space that is visualized when contrast is injected into the epidural space. This is part of epidural steroid injection and is not considered a separate procedure. Providers at times document epidurography for additional billing, but when a needle placed in the epidural space, and epidurography is achieved from injection of contrast, proper needle placement is merely confirmed prior to injection of the steroid. None of the guidelines quoted above discuss epidurography as an additional procedure to ESI. The request is not medically necessary.