

Case Number:	CM15-0174986		
Date Assigned:	09/16/2015	Date of Injury:	06/17/2014
Decision Date:	10/19/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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: Emergency 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 47 year old female, who sustained an industrial-work injury on 6-17-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), sacroiliitis and lumbar myofascitis. Medical records dated (6-9-15 to 8-12-15) indicate that the injured worker complains of low back pain and left leg radiculopathy. She reports the pain is sharp, shooting and burning and goes into the hips and buttocks especially on the left side. The pain is rated 6-7 out of 10 on the pain scale and has been unchanged from previous visits. She also reports that heavy lifting, strenuous activity and standing in one position for a long period of time aggravate the pain and the pain goes down the left lower extremity (LLE). The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician, report dated 7-15-15 the injured worker is on modified duties with restrictions. The physical exam dated 7-15-15 reveals there is tenderness in the left sacroiliac joint on palpation, the straight leg raise from sitting position is positive on the left at 60 degrees, with signs of radiculopathy, Fabere test is positive on the left, thigh thrust is positive on the left and there is positive distraction sign on the left. Treatment to date has included pain medication, physical therapy at least 6 sessions, diagnostics, acupuncture, heat, pain management, home exercise program (HEP) with strengthening exercises, aerobics and swimming, and Transcutaneous electrical nerve stimulation (TENS). Magnetic resonance imaging (MRI) of the lumbar spine dated 10-19-14 reveals right posterior protrusion of disc without stenosis and without neural compression, and mild to moderate disc bulge without stenosis. The request for authorization was dated 7-21-15 and the request was for left sacroiliac

joint injection. The original Utilization review dated 8-27-15 non-certified a request for Epidurography quantity of 1.00 as the injured worker is not receiving an epidural steroid injection (ESI) and it is not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidurography Qty: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ajnr.org/content/20/4/697.full>.

Decision rationale: The requested Epidurography Qty: 1.00, is not medically necessary. CA MTUS and ODG are silent on this specific issue. <http://www.ajnr.org/content/20/4/697.full> notes that an epidurogram is most typically used in connection with an epidural steroid injection. The injured worker has pain that goes down the left lower extremity (LLE). The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician, report dated 7-15-15 the injured worker is on modified duties with restrictions. The physical exam dated 7-15-15 reveals there is tenderness in the left sacroiliac joint on palpation, the straight leg raise from sitting position is positive on the left at 60 degrees, with signs of radiculopathy, Fabere test is positive on the left, thigh thrust is positive on the left and there is positive distraction sign on the left. The treating physician has not documented the medical necessity for an epidural injection and therefore has also not documented the medical necessity for epidurography. The criteria noted above not having been met, Epidurography Qty: 1.00 is not medically necessary.