

Case Number:	CM14-0145514		
Date Assigned:	09/19/2014	Date of Injury:	11/09/1995
Decision Date:	11/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational Medicine 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:

This patient is a 54 y/o male who developed chronic low back pain subsequent to an injury dated 11/9/95. He is diagnosed with a post laminectomy syndrome with continued radiating pain into the lower extremities. MRI studies show foramina narrowing involving the L4-5 and L5-S1 bilateral foramina. He has been treated with an L4-5 fusion in 1999 which was extended to include the L5-S1 level in 2002. Treatment consists of oral analgesics plus occasional epidural injections. The Epidural injections are documented to provide significant pain relief for a few months with an associated diminished use of Opioid medications. The requested epidural injections are reported to be the same levels as the prior injections. No medical records were sent for review that refutes this assertion. Given the remoteness of the injury and surgery it is assumed that a reasonable amount of conservative care has been exhausted. The requesting physician confirms that the epidurogram request is actually dye injection for needle localization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

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

database/lcd_attachments/30481_1/020810_00066_L30481_NEURO007_cbg.p df
<http://www.triadhealthcareinc.com/providers/PDFview.aspx?fId=Cur%5CCurrent%20Policies&fn=TMMP%20405%20-%20Use%20of%20Epidurography.pdf>

Decision rationale: MTUS Guidelines do not address this issue. Other national Guidelines do address this issue and repeat Epidurograms are not recommended. The provider documents that the dye utilized is for needle localization. By definition this is not an Epidurogram. The Epidurogram for the requested repeat epidural injection is not medically necessary.

Lumbar Epidural Steroid Injection (ESI) Bilateral L5-S1 with Fluoroscopy and IV

Sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

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

Decision rationale: MTUS Guidelines support the judicious use of repeat epidural injection if specific beneficial criteria are met. These criteria have been met in this patient i.e. 50% pain relief for several weeks and diminished use of medications. Under these circumstances the request for repeat epidural injection(s) is consistent with Guidelines. The requested bilateral L5-S1 epidural injection with Fluoroscopy and IV sedation is medically necessary.