

Case Number:	CM13-0013822		
Date Assigned:	10/01/2013	Date of Injury:	11/15/2011
Decision Date:	02/14/2014	UR Denial Date:	08/03/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and mid-back pain associated with an industrial injury that took place on November 15, 2011. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; electrodiagnostic testing of the lumbar spine and right lower extremity on March 1, 2012, interpreted as normal; at least one prior lumbar epidural steroid injection, taking place on November 5, 2012; normal electrodiagnostic testing of the bilateral upper extremities on April 4, 2013; topical compounds; a lumbar MRI from October 15, 2012, notable for 3-4mm proximal foraminal extruded disk herniation at L4-L5 abutting the left L4 nerve root within the proximal foramen with overall minimal foraminal stenosis; an MRI of the cervical spine from February 18, 2013, notable for severe degenerative disk disease at C5-C6 and C6-C7 with associated multilevel neuroforaminal narrowing; and work restrictions. It is unclear whether or not the applicant has returned to work. In a July 20, 2013 pain management note, the applicant reports persistent low back pain that radiates to the right thigh, as well as persistent neck pain. Surgery for the lumbar spine was denied. The applicant is neurologically unchanged. The applicant also has bilateral arm and leg weakness and numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

series of three epidural steroid injections (ESIs): Upheld

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

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, current research does not support a series of three injections in either the diagnostic or therapeutic phase. No more than two total epidural steroid injections are endorsed. A third ESI is only rarely recommended, the MTUS further notes. It is further noted that the MTUS recommends reevaluating the applicant following completion of each injection to determine the presence of functional improvement. For all of these reasons, the proposed series of three epidural injections cannot be supported, particularly in light of the fact that the applicant has reported only fleeting relief following completion of prior injections. Therefore, the request is non-certified.

EMG testing of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines, EMG testing can be employed to clarify diagnostic nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. In this case, there is no evidence that the applicant is considering cervical spine surgery. There is no evidence that the applicant would act on the results of the EMG testing of the upper extremities. It is further noted that the applicant has already had negative electrodiagnostic testing of the cervical spine and of the bilateral upper extremities at an earlier point in the course of the claim. As noted by the attending provider, the applicant is neurologically stable. There is no evidence of neurologic deterioration that would warrant or support repeat testing. Therefore, the request is not certified.

NCS testing of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines, NCS testing can help identify subtle focal neurologic dysfunction in those individuals with neck or arm symptoms which last greater than 3-4 weeks. In this case, the applicant has already had negative electrodiagnostic testing of the cervical spine and of the bilateral upper extremities. There is no evidence of neurologic deterioration that would warrant or support repeat testing, particularly as

the applicant does not appear intent on acting on the results of the same. The bulk of the applicant's symptoms also pertain to the lumbar spine as opposed to the cervical spine. Therefore, the request is not certified.