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| <b>Case Number:</b>   | CM13-0044888 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 05/08/2013 |
| <b>Decision Date:</b> | 02/27/2014   | <b>UR Denial Date:</b>       | 10/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2013 |

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 patient is a 54-year-old male who reported an injury on 05/08/2013. The mechanism of injury was noted to be a motor vehicle accident. The patient has been diagnosed with lumbar disc herniation with degenerative disc disease. An MRI performed on 07/12/2013 revealed a 3 mm disc bulge at L3-4 with mild neural foraminal narrowing and bilateral facet joint hypertrophy, as well as a 2 mm retrolisthesis of L4 on L5, a 3 mm to 4 mm disc bulge with moderate left and mild right neural foraminal narrowing, and bilateral facet joint hypertrophy. The patient's symptoms included low back pain with radiation into the left leg. Objective findings include normal motor strength, reflexes, and sensation to the bilateral lower extremities. The patient had EMG and NCV studies performed on 11/13/2013 in the left lower extremity, which were revealed to be completely normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation and ODG, Low Back Section, Electrodiagnostic testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Nerve conduction studies (NCS).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction studies are not recommended for patients with low back symptoms as there is minimal justification for performing NCS when the patient is presumed to have symptoms on the basis of radiculopathy. The patient was noted to have previously had NCV/EMG studies on 11/13/2013, which were noted to be normal. The clinical information provided did not include an indication for repeat studies. Additionally, NCV studies are not recommended by the ODG for patients with low back symptoms. For these reasons, the request is non-certified.

**2 transforaminal epidural steroid injection L3-L4, L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the California MTUS Guidelines, epidural steroid injections may be recommended for patients with radiculopathy documented by objective findings and corroborated by imaging studies. The patient was noted to complain of low back pain with radiation into the left lower extremity; however, his recent physical examination findings did not include any significant objective findings consistent with radiculopathy. Additionally, the patient's MRI results were noted to show disc bulges at the requested levels; however, there was no documented nerve impingement via MRI. Therefore, the patient does not have documentation of objective findings consistent with radiculopathy and corroborated by imaging studies, as required by the guidelines to support epidural steroid injection. As such, the request is non-certified