

Case Number:	CM13-0066639		
Date Assigned:	01/03/2014	Date of Injury:	06/13/2013
Decision Date:	06/20/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine & Rehabilitation 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:

The patient is a 49 year old male with an injury date of 06/13/13. Based on the 10/28/13 progress report by [REDACTED], the patient complains of significant numbness, aching, and weakness in his right lower extremity. He feels that the pain radiates to his right groin and has difficulty walking. The patient's diagnoses include the following: 1) L1-2 left paracentral disc herniation, creating moderate central canal stenosis and left lateral recess stenosis (per 07/12/13 MRI) 2) L2-3 annular tear 3) L3-4 right paracentral disc herniation, posteriorly displacing the right L4 nerve root (per 07/12/13 MRI) 4) L5-S1 right annular tear with right posterior disc bulging contacting the right S1 nerve root (per 07/12/13 MRI) 5) Lumbar discogenic pain 6) Right lumbar radiculitis/radiculopathy. The 10/28/13 progress report continues to state that "The patient has reduced sensation of the right S1 and L5 dermatomes. The patient has limited range of motion with lumbar flexion and extension due to severe pain. He has spasms of the right L2 through L4 paraspinal muscles. He has hypersensitivity to touch due to the severity of the spasms. Straight leg raising is positive on the right leg and elicits back pain in the left leg. Patrick's sign is positive bilaterally." The 07/12/13 MRI of the lumbar spine also shows degenerative disc disease at L1-2 through L4-S1. [REDACTED] is requesting the following: EMG of the bilateral lower extremities, NCV of the bilateral lower extremities, and lumbar epidural steroid injection at L5-S1. The utilization review determination being challenged is dated 11/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL LOWER EXTREMITIES: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 8, NECK AND UPPER BACK COMPLAINTS, 178.

Decision rationale: According to a report dated 10/28/13 within the medical records provided for review, the patient presents with significant numbness, aching, and weakness in his right lower extremity. He feels that the pain radiates to his right groin and has difficulty walking. The request is for an EMG of the bilateral lower extremities. ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks." This patient has had persistent pain in the low back since the first progress report provided on 06/14/13, lasting more than 3 to 4 weeks. Therefore, the request is medically necessary and appropriate.

LUMBAR EPIDURAL STEROID INJECTION AT L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: The Chronic Pain Medical Treatment Guidelines, 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines The Medical Treatment Utilization Schedule has the fol. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 46-47.

Decision rationale: According to a report dated 10/28/13 within the medical records provided for review, the patient presents with right groin pain, right anterior lower extremity pain, and right posterior lower extremity pain. The request is for a lumbar epidural steroid injection at L5-S1. In reference to an epidural steroid injection, MTUS Chronic Pain Guidelines state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this patient, the 07/12/13 MRI shows that at L5-S1, there is a right annular tear with right posterior disc bulging contacting the right S1 nerve root. The patient has right posterior thigh pain consistent with S1 nerve root problem and a positive straight leg test. The request is medically necessary and appropriate.

NCV OF THE BILATERAL LOWER EXTREMITIES: 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 Official Disability Guidelines (ODG).

Decision rationale: The request is for a NCV of the bilateral lower extremities. The ODG have the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy (Al Nezari, 2013)." In this situation, NCV studies are not recommended per the ODG. The request is not medically necessary and appropriate.