MAXIMUS Federal Services

Case Number:	CM13-0067535		
Date Assigned:	01/03/2014	Date of Injury:	12/31/2000
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/18/2013

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 60-year-old male who reported an injury on 12/31/2000. The mechanism of injury was not provided for review. The patient's treatment history included an epidural steroid injection and an MRI. The patient was evaluated in 09/2013 and it was documented the patient had previously undergone an epidural steroid injection in 12/2012 which decreased his pain by 30% to 40% and improved walking tolerances by 30 minutes per day. The patient's most recent clinical evaluation documented the patient's medications were not providing significant relief and an adjustment was made. Physical findings included tenderness to palpation of the lumbar paraspinous musculature, decreased range of motion secondary to pain, and a positive straight leg raise to the right. The patient had motor strength deficits in the psoas. The patient's treatment recommendations included an additional epidural steroid injection performed by a pain management specialist and electrodiagnostic studies of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 and L5 epidural steroid injection: Upheld

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

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

Decision rationale: The requested right L4-5 epidural steroid injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections when there is at least 50% pain relief for approximately 6 to 8 weeks and documentation of functional benefit. The clinical documentation does indicate the patient previously underwent an epidural steroid injection in 12/2012 that only provided 30% pain relief. Although it is documented that the patient had an increased tolerance to walking for approximately 30 minutes, the injection did not provide adequate relief to support a second injection. As such, the requested right L4-5 epidural steroid injection is not medically necessary or appropriate.

Electromyogram (EMG) for the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)

Decision rationale: The requested electromyography for the bilateral lower extremities is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for patients who have evidence of radiculopathy; however, the specific pain generator is not identified upon examination. The clinical documentation submitted for review does indicate the patient has clinically-evident radiculopathy; this is supported by an imaging study. Therefore, it is unclear how an electrodiagnostic study would contribute to the patient's treatment plan. As such, the requested electromyogram (EMG for the bilateral lower extremities is not medically necessary or appropriate.

Nerve conduction velocity test (NCV) for bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 Chapter, Nerve Conduction Velocity Test

Decision rationale: The requested nerve conduction velocity test for the bilateral lower extremities is not medically necessary or appropriate. Official Disability Guidelines do not support the need for nerve conduction velocity tests in the presence of clinically-evident radiculopathy. The clinical documentation submitted for review does provide evidence the patient has clinically-evident radiculopathy that would not require the need for delineation between radiculopathy and neuropathy. As such, the requested nerve conduction velocity test for the bilateral lower extremities is not medically necessary or appropriate.

Pain management consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested pain management consultation is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use of pain management specialists to manage treatment including epidural steroid injections. The clinical documentation submitted for review does indicate the treatment plan included a pain management consult for the administration of the epidural steroid injection. However, as the epidural steroid injection is not medically appropriate for this patient, the pain management consult would also not be supported. As such, the requested pain management consult is not medically necessary or appropriate.