MAXIMUS Federal Services

Case Number:	CM14-0012630		
Date Assigned:	02/21/2014	Date of Injury:	08/31/2011
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine, and is licensed to practice in 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 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 injured worker is a 39-year-old male whose date of injury is 08/31/11 when he fell backwards onto his back. He complains of low back pain and left leg pain. He has been treated conservatively with lumbar MRI, electrodiagnostic study (EMG/NCV), physical therapy and chiropractic care. MRI (magnetic resonance imaging) dated 10/18/11 reportedly was normal. Electrodiagnostic testing on 12/07/11 noted no evidence of radiculopathy or entrapment neuropathy. Physical examination reported on Qualified Medical Exam (QME) dated 05/07/13 revealed the injured worker was able to walk on heels and tiptoes. He can flex to 90 degrees at the waist and touch the floor, but with tightness on the posterior left leg. Reflexes were 2/4 at the knees and ankles. Supine straight leg raise was to 90 degrees, but he complains of low back pain with straight leg raise testing on the left. The injured worker was seen for orthopedic evaluation on 01/07/14 with chief complaint of lumbago with left greater than right leg sciatica. It was noted that the injured worker is not taking any medications. Objective findings noted that the injured worker is 5'10" tall and 200 pounds. He can flex forward and touch within one foot on the ground and extends his back; extension causes more pain than flexion. He can heel and toe walk. Reflexes are 2+/2+. Motor is 5/5 in the lower extremities. He has a positive FABER (for Flexion, Abduction, External Rotation, and Extension) on the left, negative on the right. Straight leg raise is positive on the left at 30 degrees, negative on the right. Plain radiographs of the lumbar spine with four views were normal. A request for lumbar epidural steroid injection L4-5 and L5-S1; left sacroiliac injection; and electrodiagnostic study (electromyography (EMG)/ NCV (nerve conduction velocity)), bilateral lower extremities was determined as not medically necessary by utilization review determination dated 01/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI L4/L5 AND L5/S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 49.

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), Low Back, Epidural steroid injections (ESIs), therapeutic

Decision rationale: The injured worker presents with subjective complaints of low back pain radiating to the left lower extremity. He has failed to improve with physical therapy and chiropractic treatment. MRI (magnetic resonance imaging showed no evidence of neurocompressive pathology at any level, and electromyography (EMG) revealed no radiculopathy. On examination, there were no findings of motor or sensory changes in a specific myotomal or dermatomal pattern, and deep tendon reflexes were normal. Straight leg raise apparently was positive on the left, but the records indicate that this produced low back pain only. The current evidence-based guidelines provide that epidural steroid injection is indicated where radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Noting that the records submitted for review do not demonstrate objective findings on diagnostic/imaging studies, with no radicular findings on clinical examination, the request for Lumbar Epidural steroid injections (LESI) at L4-5 and L5-S1 is not supported as medically necessary under the MTUS guidelines.

EMG/NCV BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The request for electromyography (EMG)/ NCV (nerve conduction velocity) of the bilateral lower extremities is not supported as medically necessary. The records indicate the injured worker has previously undergone EMG/NCV on 12/07/11 which was reported as normal. On examination, there were no findings of motor or sensory changes in a specific myotomal or dermatomal pattern, and deep tendon reflexes were normal. Straight leg raise apparently was positive on the left, but the records indicate that this produced low back pain only. As there is no evidence of a progressive neurological deficit, the request is not supported as medically necessary under the ACOEM Guidelines.

LEFT SI JOINT INJECTION: 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) Hip and Pelvis, Sacroiliac joint blocks

Decision rationale: Per Official Disability Guidelines (ODG), there should be documentation of at least three positive exam findings of sacroiliac joint dysfunction. In this case, there is only one finding (positive FABER (test for Flexion, Abduction, External Rotation, and Extension). Also, there is no documentation that the injured worker has had and failed at least 4-6 weeks of aggressive conservative care directed to the sacroiliac (SI) joints. As such, the request for left SI joint injection is not indicated as medically necessary.