

Case Number:	CM14-0018456		
Date Assigned:	04/18/2014	Date of Injury:	07/06/2006
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 39 year old with an injury date on 7/6/06. Based on the 11/12/13 progress report provided the diagnoses are status post lumbar hardware removal, status post lumbar fusion, lumbar discogenic disease, and SI radiculopathy right lower extremity. Exam on 9/11/13 of L-spine showed healed surgical incision with decreased and painful range of motion with positive muscle spasm, positive Lasengue's sign on right and positive straight leg raise at 60 degrees. There is motor weakness on right 4/5 at quads. There is decreased sensation on right at L5-S1. There is pain on right side S1 and sciatic nerve pain. An EMG on 12/19/13 showed normal findings. An MRI of the L-spine on 2/12/14 showed "conus medullaris terminates at L1 and is normal. The distal spinal cord and cauda equina are normal. The paraspinal soft tissues are unremarkable. Mild disc desiccation at L4-L5 and L5-S1 with mild associated loss of disc height, Schmorl's node is noted at L3, hemangioma noted at L1 measuring 5.4 mm. There is straightening of the lumbar lordotic curvature. The treating physician is requesting an EMG lower extremities, an NCV lower extremities, and right L5-S1 lumbar epidural steroid injection. The utilization review determination being challenged is dated 1/23/14 and modifies request to approve only EMG for right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Regarding electrodiagnostic studies of lower extremities, MTUS/ACOEM Guidelines support EMG's and H-reflex tests to determine subtle, focal neurologic deficit. The reviews of the records do not show prior EMG/NCV studies. In this case, the treating physician has asked for EMG of the lower extremities which is reasonable considering persistent radiculopathy and a recent change in leg pain radiating from back to bilateral lower extremities. Therefore, the request for EMG of the lower extremities is medically necessary and appropriate.

NCV LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding electrodiagnostic studies of lower extremities, MTUS/ACOEM Guidelines supports EMG and H-reflex. The Official Disability Guidelines (ODG) does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. Therefore, the request for NCV of the lower extremities is not medically necessary and appropriate.

RIGHT L5-S1 LESI (LUMBAR EPIDURAL STEROID INJECTION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs), Page(s): 46.

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

Decision rationale: Reviews of the medical reports do not show any evidence of other epidural steroid injections being done in the past. MTUS guidelines recommend ESI for a clear diagnosis of radiculopathy. In this case, MRI was negative for any nerve root lesions, herniation/protrusions or stenosis. EMG was negative as well. Diagnosis of radiculopathy requires not only leg pain with exam findings, but corroborating imaging findings that explains the leg symptoms. Therefore, the request for right L5-S1 LESI (Lumbar Epidural Steroid Injection) is not medically necessary and appropriate.