

Case Number:	CM14-0157240		
Date Assigned:	09/30/2014	Date of Injury:	04/02/2009
Decision Date:	10/28/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/25/2014

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 Family Medicine and is licensed to practice in New York and New Jersey. 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 64 year-old female who was injured on 4/2/09 at her place of employment. She had an injury to both arms, wrists, and shoulders as well as back, due to repetitive motions of typing, power grasping, overhead reaching, and bending. She complains of lower back pain with focal dermatomal radicular pain distribution. On exam, she had decreased lumbar range of motion, tender lumbar paraspinal and buttocks muscles, positive bilateral straight leg raise, and diminished lower extremity reflexes but normal sensation and strength bilaterally. A lumbar MRI showed L4-S1 disc bulges. She was diagnosed with lumbar disc disease and disc bulges, thoracic and lumbosacral neuritis or radiculitis, lumbar facet joint hypertrophy, myalgia, and bilateral neuroforaminal stenosis at L4-L5. She had physical therapy, acupuncture, and is using an inferential unit. The patient had one epidural steroid injection without any documented results and trigger point injections. She is also being treated with Norco, Tizanidine, and topical ointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of lower extremities: Upheld

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): 303-304, 309.

Decision rationale: The request for an EMG of the lower extremities is not medically necessary. EMGs are used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. Although in the chart mentions that she had lower back pain with focal dermatomal radicular pain distribution, there was no documented neurologic deficit on physical exam. The patient had normal sensation and strength of bilateral lower extremities. The patient's response to conservative measures such as physical therapy and acupuncture, as well as response to medications was not documented. If surgery was indicated, an EMG may be needed but currently an EMG is not medically necessary.

NCV of lower extremities: Upheld

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): 303-304, 309.

Decision rationale: The request for an NCS of the lower extremities is not medically necessary. NCS are used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. Although in the chart mentions that she had lower back pain with focal dermatomal radicular pain distribution, there was no documented neurologic deficit on physical exam. The patient had normal sensation and strength of bilateral lower extremities. The patient's response to conservative measures such as physical therapy and acupuncture, as well as response to medications was not documented. If surgery was indicated, a NCS may be needed but currently an NCS is not medically necessary.

Postional Lumbar MRI: Upheld

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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
< Lower back> <MRI>

Decision rationale: The request for another lumbar MRI is medically unnecessary. The patient has already had a lumbar MRI. The patient does not have any red flag conditions or neurological deficits following one nerve root. There were no changes in exam findings or progression in symptoms that would warrant another MRI. Indications for imaging include suspicion of cancer, infection, red flags, prior surgery, cauda equina syndrome, and severe or progressive neurologic deficit which the patient does not have. Because of these reasons, the request is considered medically unnecessary.

Lumbar Epidural Steroid Injection: 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 Guidelines Epidural steroid injections page(s) 46 Page(s): 46.

Decision rationale: The purpose of the epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. But it does not offer significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. The patient has had ESI's in the past without a documented result. A second ESI would be indicated if the first ESI had provided 50% relief of pain with a decrease in medication use. There was also no radiculopathy documented on physical exam. Although she had disc bulges on MRI, it was not corroborated by findings on physical exam. There was no clear documentation on the patient's response to conservative treatment such as the physical therapy, acupuncture, and medications. Therefore, it's unclear if she actually failed conservative treatment. Because of these reasons, the request is considered medically unnecessary.