MAXIMUS Federal Services

Case Number:	CM14-0164464		
Date Assigned:	10/09/2014	Date of Injury:	09/22/1999
Decision Date:	11/21/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 22, 1999.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; lumbar MRI imaging of September 26, 2014, notable for low-grade disc protrusions in the 2- to 3-mm range of uncertain clinical significance; and unspecified amounts of physical therapy.In a utilization review report dated October 2, 2014, the claims administrator denied a request for an updated lumbar MRI, denied a request for electrodiagnostic testing of the bilateral lower extremities, and denied a request for epidural steroid injection therapy at L4-L5 and L5-S1. The claims administrator stated that the applicant's earlier epidural steroid injection had reportedly provided three months of relief, it was stated. The applicant had also had electrodiagnostic testing on February 17, 2011, which demonstrated an L4-5 radiculopathy, the claims administrator suggested, and also had evidence of an earlier lumbar MRI on January 27, 2011, demonstrating a large disc protrusion at the L5-S1 level.The applicant's attorney subsequently appealed.In a July 12, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant stated that his radicular symptoms were increasing. The applicant had palpable lumbar tenderness and limited range of motion noted. The applicant was asked to employ interferential stimulator and a lumbar support. The applicant's work status was not clearly stated.In a work status report dated September 11, 2014, the applicant was given a rather proscriptive 5-pound lifting limitation. It was stated that the applicant was using Norco and Motrin for pain relief. It was not clearly stated whether the applicant was working with said limitation in place or not.Work status reports of September 25, 2014 and September 12, 2014, were both notable for comments that the applicant would remain off work, on total temporary disability.Large portions of the IMR packet were blurred as a result

of repetitive photocopying and faxing. The September 25, 2014 progress note which the claims administrator based his decision upon was seemingly not provided in its entirety and/or only partially transmitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, there was no clear statement from the attending provider that the applicant was considering surgical intervention involving the lumbar spine. The lumbar MRI performed on September 26, 2014, did not reveal any clear evidence of a large disc herniation, high-grade spinal stenosis, high-grade neural foraminal narrowing, or other lesion amenable to surgical correction. It did not appear, moreover, that the applicant was intent on acting on the results of the same and/or was intent on pursuing a surgical remedy. Therefore, the request was not medically necessary.

EMG/NCV of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, EMG and NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 12 Low Back Complaints Page(s): 309, 377.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for applicants with a clinically obvious radiculopathy. In this case, the applicant reportedly has a clinically evident, radiographically-confirmed lumbar radiculopathy. It is not clear why repeat EMG testing is being sought here if a diagnosis in question has already been definitively established. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies for routine foot and ankle problems is "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, however, there was no clear mention or suspicion of issues with diabetic neuropathy, generalized peripheral neuropathy, etc., which would compel the nerve conduction testing component of the request. While it is acknowledged that the entire September 25, 2014, progress note on which the claims administrator based his decision upon

was not seemingly incorporated into the IMR packet, the information which is on file, however, failed to support or substantiate the request. All evidence on file points to the applicant's already carrying a diagnosis of clinically evident, radiographically-confirmed lumbar radiculopathy, effectively obviating the need for the proposed EMG-NCV testing of the bilateral lower extremities. Therefore, the request is not medically necessary.

Epidural Injection at L4/L5 and L5/S1: Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, the applicant has had at least one prior epidural injection. The information currently on file suggests the applicant is off work, on total temporary disability, is having heightened radicular complaints, and remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f) despite at least one prior epidural block. Therefore, the request for a repeat epidural steroid injection at the levels in question is not medically necessary.