

Case Number:	CM14-0035082		
Date Assigned:	06/25/2014	Date of Injury:	03/21/2013
Decision Date:	12/19/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

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 Montana. 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 machine operator with a date of injury of 3/21/13 when she slipped and fell onto her low back at work. Treatment has included back support and braces, sacral donut, physical therapy, chiropractic treatment, and recommendations for light duty. Medications have included ibuprofen, naproxen, hydrocodone, gabapentin, Zanaflex and omeprazole. Lumbar x-rays were performed on 2/13/14 and showed that the disc spaces are preserved with no spondylolysis or spondylolisthesis. No significant abnormality was noted. MRI of the lumbar spine on 4/8/13 demonstrated congenital stenosis at L4-5 and a disc protrusion at L5-S1, along with facet arthropathy resulting in narrowing of the lateral recesses and nerve root encroachment. She currently complains of low back pain with bilateral radicular complaints. Her diagnoses are lumbar intervertebral disc herniation, thoracic and lumbar radiculitis and coccyx strain. The primary treating physician has requested nerve conduction velocity (NCV) and electromyography (EMG), of the bilateral lower extremities, lumbar x-rays and a full series of epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult for a full series Epidural Steroid Injection (ESI): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections.

Decision rationale: The MTUS does state that the epidural corticosteroid injections for radicular pain are optional treatments to avoid surgery. The ODG guidelines recommend epidural steroid injections as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. Not recommended for spinal stenosis or for nonspecific low back pain. Radiculopathy symptoms are generally due to herniated nucleus pulposus or spinal stenosis, but ESIs have not been found to be as beneficial a treatment for the latter condition. According to SPORT, ESIs are associated with less improvement in spinal stenosis. The ODG guidelines note that the series of three ESIs is not recommended. Original recommendations that suggested a "series of three injections" generally did so prior to the advent of fluoroscopic guidance. These previous recommendations were based primarily on case studies and anecdotal evidence (Class IV and V data). (Abram, 1999) (Warr, 1972) (Hickey, 1987) There does not appear to be any evidence to support the current common practice of a series of injections. Since the introduction of fluoroscopically guided ESIs, it has been suggested that there is little evidence to repeat an accurately placed epidural injection in the presence of mono-radiculopathy, regardless of whether there is partial or no response. There is a lack of support for 2nd epidural steroid injection if the 1st is not effective. (Cuckler, 1985) With fluoroscopic guidance, there is little support to do a second epidural if there is no response to the first injection. There is little to no guidance in current literature to suggest the basis for the recommendation of a third ESI, and the routine use of this practice is not recommended. In this case the request has been made for a full series of epidural steroid injections. As noted above there is no evidence to support the common practice of a series of injections. Request for a single injection with evaluation of response would be appropriate. The request for a full series of Epidural Steroid Injections are not medically necessary.

Full Series of X-Rays of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308 - 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Radiography (X-Rays).

Decision rationale: The MTUS and ODG guidelines do not recommend routine x-rays in the absence of red flags. (See indications list below.) Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. In this case, given lumbar spine trauma, x-rays initially were indicated. The medical records show that lumbar x-rays were performed on 2/13/14 showing that the disc spaces were preserved with no spondylolysis or

spondylolisthesis with flexion/ extension views. There has been no additional traumatic injury noted. The request for Full Series of X-Rays of the Lumbar Spine is not medically necessary.

EMG (Electromyography) of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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), Low Back, Electromyography (EMGs)

Decision rationale: The MTUS ACOEM guidelines and ODG guidelines note that electromyography (EMG), including H- reflex test, may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The ODT guidelines note that electrodiagnostic testing is used to rule out radiculopathy, lumbar plexopathy or peripheral neuropathy. EMGs are recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker has had electrodiagnostic studies that did not demonstrate lumbar radiculitis, plexopathy or peripheral neuropathy. The treating providers have made a clinical diagnosis of lumbar radiculopathy. With what appears to be clinically obvious radiculopathy the request for additional electrodiagnostic testing is not supported by the guidelines. The request for EMG (electromyography) of the Bilateral Lower Extremities is not medically necessary.

. NCV (Nerve Conduction Velocity) for Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308 - 310.

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), Low Back, Nerve Conduction Studies.

Decision rationale: The MTUS does not specifically address NCV (nerve conduction velocity) for lumbar complaints. The ODG guidelines state that Nerve Conduction Studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The injured worker has had electrodiagnostic studies that did not demonstrate lumbar radiculitis, plexopathy or peripheral neuropathy. The treating providers have made a clinical diagnosis of lumbar radiculopathy. With what is presumed to be clinically obvious

radiculopathy the request for NCV (nerve conduction velocity) for bilateral lower extremities is not supported by the guidelines. The request for NCV (Nerve Conduction Velocity) for Bilateral Lower Extremities is not medically necessary.