

Case Number:	CM14-0053867		
Date Assigned:	09/12/2014	Date of Injury:	09/05/2013
Decision Date:	11/04/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/22/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old female with a 9/5/13 date of injury. At the time (3/6/14) of the request for authorization for Electromyogram To Evaluate Right L5-S1 Radiculopathy, Nerve Conduction Study To Evaluate Right L5-S1 Radiculopathy, and Trigger Point Injection Lumbar Sacral Spine, there is documentation of subjective (chronic axial low back and buttock pain and chronic lumbar radicular pain) and objective (sensory is diminished to light touch in the lower extremity right L5-S1, lumbar facet loading is positive) findings, imaging findings (MRI lumbar spine (10/30/13) report revealed mild multilevel degenerative spondylosis, most pronounced at L3-4, with moderate grade annular ligament tearing centrally, and minimal bilateral neural foraminal stenosis. Mild narrowing of the lateral recesses bilaterally at L4-5 and L5-S1, without neural foraminal stenosis), current diagnoses (lumbosacral neuritis NOS, lumbar/lumbosacral disc degeneration, and myalgia and myositis NOS), and treatment to date (physical therapy, medication, and massage). Regarding Electromyogram to Evaluate Right L5-S1 Radiculopathy and Nerve Conduction Study to Evaluate Right L5-S1 Radiculopathy, there is no documentation of a rationale for performing electrodiagnostic studies when a patient is presumed to have symptoms on the basis of radiculopathy. Regarding Trigger Point Injection Lumbar Sacral Spine, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram To Evaluate Right L5-S1 Radiculopathy: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis NOS, lumbar/lumbosacral disc degeneration, and myalgia and myositis NOS. In addition, there is documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Therefore, based on guidelines and a review of the evidence, the request for Electromyogram to Evaluate Right L5-S1 Radiculopathy is medically necessary.

Nerve Conduction Study To Evaluate Right L5-S1 Radiculopathy: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. ODG identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis NOS, lumbar/lumbosacral disc degeneration, and myalgia and myositis NOS. In addition, there is documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. However, there is no documentation of a rationale for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for Nerve Conduction Study to Evaluate Right L5-S1 Radiculopathy is not medically necessary.

Trigger Point Injection Lumbar Sacral Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Goldenberg, 2004)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis NOS, lumbar/lumbosacral disc degeneration, and myalgia and myositis NOS. In addition, there is documentation that symptoms have persisted for more than three months and medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. However, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, given documentation of objective (sensory is diminished to light touch in the lower extremity right L5-S1, lumbar facet loading is positive) findings, there is no documentation that radiculopathy is not present (by exam, imaging, or neuro-testing). Furthermore, there is no documentation of any more than 3-4 injections per session. Therefore, based on guidelines and a review of the evidence, the request for Trigger Point Injection Lumbar Sacral Spine is not medically necessary.