

Case Number:	CM14-0068242		
Date Assigned:	07/14/2014	Date of Injury:	01/15/1999
Decision Date:	09/16/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/12/2014

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 Tennessee. 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 72-year-old female who has submitted a claim for low back pain, lumbar degenerative disc disease, and lumbar spondylosis associated with an industrial injury date of 01/15/1999. Medical records from 08/23/2013 to 07/14/2014 were reviewed and showed that patient complained of aching and dull lower back pain graded 10/10 with radiation down the right leg in the posterior and lateral distribution with no associated tingling or numbness. The pain was aggravated by prolonged sitting and standing. Chiropractic treatment afforded pain relief (03/07/2014). Physical examination revealed mild tenderness over the lower back and antalgic gait. DTR and sensation to light touch were intact. MMT of lower extremities was 5/5 except for right iliopsoas (4/5). SLR and FABER tests were negative. MRI of the lumbar spine dated 12/12/2012 revealed L4-5 and L5-S1 bulging discs. Treatment to date has included IDET at L4-5 and L5-S1 (05/25/2000) extensive chiropractic treatment, pool therapy, physical therapy, TENS, and pain medications. Utilization review dated 04/08/2014 denied the request for EMG/NCS of the lumbar spine because there was no noted clinical neurocompressive finding. Utilization review dated 04/08/2014 denied the request for MRI lumbar spine because there were no objective findings that specify nerve compromise on the neurologic examination. Utilization review dated 04/08/2014 denied the request for lumbar epidural steroid injection L5-S1 because there was no documentation of any anatomic neurocompressive lesion via imaging and no documentation of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography lumbar spine: 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 rationale: According to page 303 of California MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the patient complained of aching and dull low back pain radiating down the right lower extremities with no associated tingling or numbness. Physical examination revealed weakness of right iliopsoas, normal sensation and DTR of lower extremities, and negative SLR and FABER tests. The patient's clinical manifestations were not consistent with a focal neurologic deficit which is necessary to support EMG study. Therefore, the request for Electromyography lumbar spine is not medically necessary.

Nerve conduction velocity study of lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)), Low Back chapter, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: The California MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of aching and dull low back pain radiating down the right lower extremities with no associated tingling or numbness. Physical examination revealed weakness of right iliopsoas, normal sensation and DTR of lower extremities, and negative SLR and FABER tests. The patient's clinical manifestations did not suggest the presence of neuropathic symptoms. There is no clear indication for NCS study at this time. Therefore, the request for Nerve conduction velocity study of lumbar spine is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-unspecified Official Disability Guidelines, lumbar spine.

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 Section, MRI.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complained of aching and dull low back pain radiating down the right lower extremities with no associated tingling or numbness. Physical examination revealed weakness of right iliopsoas, normal sensation and DTR of lower extremities, and negative SLR and FABER tests. The patient's subjective and objective findings were not consistent with radiculopathy. It was noted that pain relief was afforded by chiropractic treatment (03/07/2014). Hence, there was no identification of specific nerve compromise or failure of treatment response to support MRI study. There was no discussion of a contemplated surgical procedure as well. Of note, MRI of the lumbar spine dated 12/12/2012 revealed L4-5 and L5-S1 bulging discs. It is unclear as to why a repeat MRI is needed at this time. Therefore, the request for MRI lumbar spine is not medically necessary.

Lumbar epidural steroid injection L5-S1 X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 49. Decision based on Non-MTUS Citation American Academy of Neurology.

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

Decision rationale: The California MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; In this case, the patient complained of aching and dull low back pain radiating down the right lower

extremities with no associated tingling or numbness. Physical examination revealed weakness of right iliopsoas, normal sensation and DTR of lower extremities, and negative SLR and FABER tests. The patient's subjective and objective findings were not consistent with radiculopathy. MRI of the lumbar spine dated 12/12/2012 did not reveal evidences of radiculopathy. It was noted that pain relief was afforded by chiropractic treatment (03/07/2014). Hence, there was no identification of radiculopathy by physical exam and imaging or failure of treatment response to support lumbar ESI. Moreover, the request failed to indicate if the ESI will be done under fluoroscopic guidance, which is required by the guidelines. Therefore, the request for Lumbar epidural steroid injection L5-S1 X2 is not medically necessary.