

<b>Case Number:</b>	CM14-0073657		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Internal 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 injured worker (IW) is a 49 year-old man who was involved in a work related accident while working as a driver for [REDACTED]. On August 12, 2013, the IW was lifting the hood of a work truck when he felt a pulling sensation with severe pain in the back. Pursuant to the office visit note dated October 1, 2014, the IW complains of lower back pain with radicular right left pain. The pain is associated with numbness, tingling and weakness in the right leg. The pain is constant and moderate in intensity rated 4-8/10. The pain is described as shooting and electric-like with muscle pain and pins-and-needles sensation. The IW states that the pain in the back is 80% and the pain in the left is 20%. Examination reveals muscle pain. Motor examination reveals motor strength of the extensor hallucis longus is graded 4/5 on the right and 5/5 on the left, ankle dorsiflexor is 5-/5 on the right and 5/5 on the left, ankle plantarflexor is 5/5 bilaterally, knee extensor is 5/5 bilaterally and knee flexor is 5/5 bilaterally. There is decreased sensation over the medial calf on the right side. The reflexes in the upper and lower extremities are normal. Previous diagnostic work-up including an MRI of the lumbar spine dated September 22, 2013 which reveals a large disc herniation and extrusion at L4-L5 causing severe canal stenosis and right greater than left SA zone narrowing. The IW also had physical therapy in January 2014 with no relief and lumbar epidural steroid (1/2014 and 4/2014) injections with mild relief. The IW had symptoms of pruritis for one month after the second epidural steroid injection. On June 17, 2014, lower extremity Nerve Conduction studies were carried out. Impression revealed evidence of acute right-sided L4 and L5 lumbar radiculopathy with denervation noted in the muscles. The IW is status-post TFESI on July 14, 2014 with 20% relief to the leg pain, however low back pain continues to be painful with minimal changes. Documented diagnosis is lumbar radiculopathy (724.4). Current medications include Tramadol 50mg, Nabumetone 500mg, and Ultram for breakthrough pain. The documentation states that the

IW has not failed medication trials. The provider recommended a surgical referral for further consultation and treatment recommendations, medications, urine toxicology screen and repeat EMG/NCV studies of the lower extremities and lumbar transforaminal epidural steroid injections at L4 and L5 levels.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG / NCS of the right lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Electrodiagnostic Studies

**Decision rationale:** Pursuant to the Official Disability Guidelines in the ACOEM, nerve conduction velocity studies are not medically necessary. The guidelines state EMG including each reflects, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The Official Disability Guidelines state of nerve conduction studies are not recommended. There is minimal justification for nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy after one month of conservative treatment but the EMGs are not necessary if radiculopathy is already clinically obvious. In this case, there is no evidence to support right NCV studies. However, the physical examination documents sensory deficits and muscle weakness and consequently, an EMG is reasonable to determine the exact level of radiculopathy and establish a diagnosis moving forward for appropriate treatment. Based on the clinical information in the medical record from the peer-reviewed evidence-based guidelines, the nerve conduction velocity study is not medically necessary.

**Referral to a Spine surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Office Visits

**Decision rationale:** Pursuant to the Official Disability Guidelines, a referral to a spine surgeon is not medically necessary. The guidelines state office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors (consultants) play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. In this case, it would be appropriate to wait for the EMG results prior to arranging a spinal specialist consultation. Consequently, the

consultation is not medically necessary at this time. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the spine specialist consultation is not medically necessary.

**Transforaminal lumbar epidural steroid injection right L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroidal Injections.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the ODG, the epidural steroid injections are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain and symptoms. Radiculopathy is defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. In this case, the injured worker has radiculopathy with diminished sensation over the right medial calf. The treatment, however should be delayed until the EMG results of the right lower extremity is performed. Consequently, the epidural steroid injections are not medically necessary at this time. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, epidural steroid injections are not medically necessary.