

Case Number:	CM14-0075241		
Date Assigned:	08/06/2014	Date of Injury:	03/12/2012
Decision Date:	09/26/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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 March 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and at least one prior epidural steroid injection. In a Utilization Review Report dated May 1, 2014, the claims administrator denied a request for lumbar MRI imaging, denied a request for Electrodiagnostic testing of the bilateral lower extremities, and denied a second epidural steroid injection. In a July 7, 2014 progress note, the applicant reported persistent primary complaints of persistent low back and neck pain. Portions of the note were apparently truncated. However, it appeared that Naproxen; Protonix, Norco, and Fexmid were endorsed. The applicant was described as a "QIW" or qualified injured worker, implying that the applicant was not working. On May 2, 2014, the applicant was again described as a qualified injured worker. Naproxen, Protonix, Norco, and Fexmid were endorsed. A repeat epidural steroid injection was endorsed. The applicant reported persistent complaints of low back pain, severe, 6/10, radiating into the bilateral lower extremities. It was stated that lumbar MRI imaging of April 17, 2014 demonstrated degenerative changes, multilevel, at T12-L1, L2, L3, L4, and L5-S1. A second epidural steroid injection was again endorsed. In a progress note dated April 16, 2014, authorization was sought for several medications, a second epidural steroid injection, and a lumbar MRI. The note was extremely difficult to follow. Portions of the note were typewritten while other portions of the note, including the treatment plan and work status report, were handwritten. The applicant was again described as a "qualified injured worker." The applicant was not working, it was acknowledged. In an April 19, 2013 pain management evaluation, it was reiterated that the applicant was not working. The applicant did reportedly have past medical

history notable for hypertension, reportedly medication controlled. There was no mention of any issues with diabetes, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 is no evidence that the applicant is a surgical candidate. There is no evidence that any red-flag diagnoses such as cauda equina syndrome, fracture, tumor, infection, etc., are being evaluated or suspected here. Therefore, the request is not medically necessary.

EMG Left Lower Extremity QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing for a diagnosis of clinically obvious radiculopathy is "not recommended." In this case, the applicant apparently has a clinically obvious radiculopathy for which the applicant has already received at least one epidural steroid injection. It is unclear what role EMG testing would serve in this context, as the diagnosis in question, lumbar radiculopathy, is already apparently clinically evident. Therefore, the request is not medically necessary.

EMG Right Lower Extremity QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing for a diagnosis of clinically obvious radiculopathy is "not

recommended." In this case, the applicant already has a clinically evident radiculopathy for which the applicant has received at least one prior epidural injection. It is unclear why EMG testing is being sought if the diagnosis in question is already clinically evident. Therefore, the request is not medically necessary.

NCV Left Lower Extremity QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th Edition, 0214, Low Back, Nerve Conduction Studies (NCS).

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies are "not recommended" for routine foot or ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, there was no clearly voiced suspicion of any entrapment neuropathy, generalized peripheral neuropathy, tarsal tunnel syndrome, diabetic neuropathy, etc., being present here so as to compel the NCV in question. Therefore, the request is not medically necessary.

NCV Right Lower Extremity QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th Edition, 0214, Low Back, Nerve Conduction Studies (NCS).

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies for routine foot and ankle problems are "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, there is no evidence or clearly voiced suspicion of tarsal tunnel syndrome, generalized peripheral neuropathy, diabetic neuropathy, other entrapment neuropathy, etc. The applicant already seemingly has an established diagnosis of lumbar radiculopathy, it has been suggested. Therefore, the request is not medically necessary.

Second Lumbar Epidural Steroid Injection QTY: 1.00: Upheld

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

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

Decision rationale: The request in question represents a request for a repeat epidural block. However, 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 is off of work, on total temporary disability. There is no evidence of any lasting analgesia and/or functional improvement achieved with earlier blocks. The applicant remains highly reliant and highly dependent on various medications, including naproxen, Norco, Fexmid, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite at least one earlier block. Therefore, the request is not medically necessary.