

<b>Case Number:</b>	CM14-0099772		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 08/22/2011. The patient's treating diagnoses includes lumbar radiculopathy, lumbar disc herniation, and lumbar stenosis. On 09/27/2013, an MRI of the thoracic and upper lumbar spine was unremarkable. On 09/27/2013, a lumbar MRI demonstrated focal right paracentral disc herniation causing stenosis of the right neural foramen and deviating the exiting right L5 root. On 02/04/2014, the patient presented with headaches in the back of the head as well as reports of a pinched nerve in the neck and also low back pain when sitting, bending, stooping, or lifting. On exam the patient was tender throughout the entire cervical and lumbar spine with positive straight leg raising. Specific motor or sensory deficits were not identified. I note on 02/04/2014, the treating physician recommended acupuncture as well as orthopedic evaluation as needed, pain management evaluation, and instruction in exercise. An initial physician review recommended certification of upper extremity electrodiagnostic studies given mixed cervical and upper extremity pain. This physician review recommended non-certification of a cervical epidural injection since there were no diagnostic studies to support the diagnosis. The initial physician review recommended non-certification of a lumbar epidural injection, noting the patient had signs, symptoms, and corroborating diagnostic studies but did not have evidence that the patient had failed conservative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve conduction velocity of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back.

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

**Decision rationale:** The underlying date of injury in this case is 08/22/2011. The patient's treating diagnoses includes lumbar radiculopathy, lumbar disc herniation, and lumbar stenosis. On 09/27/2013, an MRI of the thoracic and upper lumbar spine was unremarkable. On 09/27/2013, a lumbar MRI demonstrated focal right paracentral disc herniation causing stenosis of the right neural foramen and deviating the exiting right L5 root. On 02/04/2014, the patient presented with headaches in the back of the head as well as reports of a pinched nerve in the neck and also low back pain when sitting, bending, stooping, or lifting. On exam the patient was tender throughout the entire cervical and lumbar spine with positive straight leg raising. Specific motor or sensory deficits were not identified. I note on 02/04/2014, the treating physician recommended acupuncture as well as orthopedic evaluation as needed, pain management evaluation, and instruction in exercise. An initial physician review recommended certification of upper extremity electrodiagnostic studies given mixed cervical and upper extremity pain. This physician review recommended non-certification of a cervical epidural injection since there were no diagnostic studies to support the diagnosis. The initial physician review recommended non-certification of a lumbar epidural injection, noting the patient had signs, symptoms, and corroborating diagnostic studies but did not have evidence that the patient had failed conservative therapy.

**Electromyography of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Electromyography.

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

**Decision rationale:** The ACOEM Guidelines, Chapter 12/Low Back, page 303, recommend electrodiagnostic studies when history and physical examination findings are equivocal. In this case, the medical records are not equivocal in the lower extremities, and the medical records document evidence of an MRI for that reason. The medical records and guidelines do not support a differential diagnosis of rationale for electrodiagnostic studies of the lower extremities in addition to the previously obtained MRI. This request is therefore not medically necessary.

**CESI C5-6 series of 1-2:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, state physical examination and corroborative imaging studies and/or electrodiagnostic testing must document that radiculopathy. The medical records at this time do not contain such corroboration to confirm neurological findings and diagnostic abnormalities consistent with a focal cervical radiculopathy. This request is not medically necessary.

**LESI L5-S1 series of 1-2:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, state that radiculopathy must be documented by physical examination and corroborative imaging studies and/or electrodiagnostic testing and that the patient should be initially unresponsive to conservative treatment. The guidelines do document both of these factors. However, the guidelines additionally state that a second block is not recommended if there has been inadequate response to the first block. Therefore, the guidelines do not support a series of two epidural injections without first reviewing the results of the first injection. This request is not supported by the guidelines. Overall, this request is not medically necessary.