

Case Number:	CM14-0179876		
Date Assigned:	11/04/2014	Date of Injury:	04/16/2011
Decision Date:	01/07/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/29/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 45 year old who was injured 4/16/2011. The diagnoses are knee pain, lumbar radiculopathy. The MRI of the lumbar spine showed multilevel degenerative disc disease, facet arthropathy, and L4-L5 foraminal stenosis. The patient completed PT and medications treatment. On 10/8/2014, [REDACTED] noted subjective complaint of worsening of low back pain radiating to the light lower extremity. There is associated muscle weakness and numbness. The pain score is rated at 10/10 without medications but 6/10 with medications on a scale of 0 to 10. There was objective finding of right lower extremity sensory loss along the thigh. The motor, reflexes and range of motion tests was noted as normal. The medications are Norco, naproxen and tramadol ER for pain and Fexmid for muscle spasm. A Utilization Review determination was rendered on 10/16/2014 recommending non certification for right L3-4, L4-5 transforaminal epidural steroid injection and lower extremities EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right L3-L4, L4-L5 transforaminal epidural steroid injection between 10/8/2014 and 12/12/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter. Lower Back

Decision rationale: The CA MTUS and the ODG recommend that epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological tests consistent with lumbar radiculopathy. There is documentation of exacerbation of the low back pain that is not controlled by medications management. The criteria for right L3-4, L4-5 transforaminal epidural steroid injections was met.

One (1) EMG/NCV of bilateral lower extremities between 10/8/2014 and 12/12/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrodiagnostic Studies (EDS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve Conduction Studies (NCS), and Electromyography (EMG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back. Lower extremities.

Decision rationale: The CA MTUS and the ODG recommend that EMG/NCV studies can be utilized for the confirmation of lower extremities radiculopathy when the objective findings are inconclusive. The records indicate that there were subjective, objective and radiological findings consistent with lumbar radiculopathy. There were no additional objective findings of muscle dysfunction or neurological deficits. The criteria for further confirmatory test for lumbar radiculopathy with EMG/NCV was not met.