

<b>Case Number:</b>	CM14-0187797		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	11/28/1999
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 64 year old man who sustained a work-related injury on November 28 1999. Subsequently, the patient developed a chronic back pain. According to a progress report dated on October 7 2014 , the patient was complaining of back pain and left lower extremity pain with numbness and tingling. The patient physical examination demonstrated antalgic gait with positive left SLR . The provider requested authorization for the following procedures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection at L2-L3 and L3-L4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI's) Page(s): 46.

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

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical

and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. There is no clear documentation of radiculopathy at the level of L2-4. Therefore, Lumbar epidural steroid injection at L2-L3 and L3-L4 is not medically necessary.

**EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). The patient developed chronic back pain without any evidence of neuropathic pain motor or sensory deficit suggestive of nerve damage or radiculopathy. There is no clear clinical changes of the patient clinical condition. There is no evidence of significant worsening of the patient condition to justify an EMG/NCV. Therefore, the request EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lumbar spine is not medically necessary.