

<b>Case Number:</b>	CM14-0192415		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family 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 worker is a 51 year old female who was injured on 9/12/2014. She was diagnosed with thoracic sprain/strain, lumbar sprain/strain, and lumbar radiculopathy. She was treated with medications, chiropractor treatments, back brace, exercises, and heat application. Lumbar MRI from 10/14/14 showed lumbar facet arthropathy, congenital baseline narrowing of the osseous lumbar spinal canal and neural foramina due to short pedicles, moderate bilateral L3-4 narrowing, severe bilateral L4-5 narrowing, mild to moderate left L5-S1 narrowing causing compression of the nerve roots L4, L5, and S1. On 10/24/14, the worker was seen by her treating physician reporting her recent injury of her back and continual low back pain with radiation to the mid back and down to left buttock, left hip, and left foot with associated right leg numbness and tingling. She reported her long history of back problems including having surgery in 1990. Physical examination revealed no muscle spasm, limited lumbar spine range of motion due to pain, decreased sensation over bilateral thighs and legs, and 4/5 strength along L4, L5, and S1 bilaterally. She was recommended referral to a pain specialist for lumbar epidural injection followed by physical therapy. She was also recommended EMG/NCV testing of the lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMGs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, who had a lumbar strain and radiculopathy, confirmed by physical examination findings and corroborated by MRI, it is unclear why they were recommended nerve testing as there seems to be sufficient evidence for radiculopathy. Therefore, the EMG/NCV testing is not medically necessary at this point.

**Consultation with pain management specialist for possible lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), p. 127

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The MTUS Guidelines also state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. no more than two nerve root levels should be injected using transforaminal blocks, 6. no more than one interlaminar level should be injected at one session, 7. in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain

relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, who reported using heat, chiropractor treatments, and a back brace, as well as medications, there seemed to be insufficient evidence that she exhausted her conservative treatments, namely physical therapy, before considering referral and epidural injections. Therefore, the pain specialist consultation for consideration of an Epidural Steroid Injection is not medically necessary.

**Physical therapy following LESI; twelve (12) sessions (2x6) for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, was recommended physical therapy, but only after her epidural injection, which would be considered medically unnecessary in the opinion of the reviewer. Although physical therapy would be indicated with this worker at this point, waiting until after an injection is not medically necessary. The request for physical therapy following LESI is not medically necessary.