Case Number:	CM14-0208838		
Date Assigned:	12/22/2014	**Date of Injury:**	08/29/2010
Decision Date:	02/18/2015	**UR Denial Date:**	11/12/2014
Priority:	Standard	**Application Received:**	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 57-year-old man who sustained a work-related injury on August 29, 2010. Subsequently, he developed chronic neck and low back pain. MRI of the cervical spine done on April 30, 2014 showed a 2-3 mm retrolisthesis at C5-C6 in sagittal views. This was seen in association with bilateral facet joint disease. There was mild degenerative disc thinning at C4-5 and C5-6. At C2-3 there was prominent right foraminal stenosis due to facet hypertrophy placing the right C3 root at risk for impingement. At C3-4: subtle posterior central disc bulge. At C4-5: a central and right lateral disc bulge. There was intermediate linear signal projecting over the cervical cord from C4-C5 to upper C6. MRI of the lumbar spine done on October 29, 2013 showed posterior ligamentous hypertrophy at L1-2. There was a 1-2 mm disc bulge present. At L2-3 posterior ligamentous and facet. There was a 3 mm disc protrusion. At L3-4 moderate posterior ligamentous hyperthropy was present. There was a 3-4 mm disc protrusion, which is seen to extend into both neural foraminal exit zones. This was resulting in moderate left and bordline right neural foraminal exit zone compromise with mild to moderate spinal stenosis. At L5-S1 there was an interbody spacer present. In addition, there was hypertrophy of the posterior inferior endplate of L5. According to the progress report dated November 11, 2014, the patient underwent lumbar spine surgery on January 17, 2013. Since the last examination, he felt the same and complained of headaches, neck and back pain. He reported that the pain was associated with weakness and numbness in left arm and hand. The pain radiated to buttocks, right shoulder, left upper arm, forearm, elbow, wrist, hand, leg, hip, thigh, knee, foot, and ankle. He was receiving 4 epidural injections with his private insurance. Cervical spine examination revealed

tenderness to palpation, guarding and spasm noted in the trapezius muscles. Manual muscle testing revealed 4/5 strength with flexion, extension, bilateral rotation and bilateral lateral flexion. Range of motion was restricted due to pain. On examination of the lumbar spine, there was tenderness to palpation noted over paravertebral region bilaterally and over the incision site. There was also tenderness to palpation noted over the sciatic notch bilaterally. Straight leg raise test was positive. Left foot drop was noted. Manual muscle testing revealed 4/5 strength with flexion, extension, and bilateral lateral bend. Range of motion was restricted due to pain. neurological examination was within normal limits. The patient was diagnosed with lumbar disc herniation with myelopathy, lumbar spine degenerative joint disease/degenerative disc disease, lumbar myalgia, lumbar myospasm, lumbar radiculopathy, status post lumbar spine surgery, cervical disc protrusion, and cervical retrolisthesis. The provider request authorization for Diagnostic- pain fiber lower extremities and lumbar Axon/VAT and caudal ESI x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic- pain fiber lower extremities and lumbar Axon/VAT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

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).Although the patient developed a chronic back pain, there is no clear evidence that the patient developed peripheral nerve dysfunction or nerve root dysfunction.Therefore, the request for Diagnostic- pain fiber lower extremities and lumbar Axon/VAT is not medically necessary.

Caudal Epidural Steroid Injections times 3, one month apart, half-dose steroid w/sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 signficant log 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 recent clinical and objective documentation of radiculopathy. There is no clear and recent documentation of failure of oral pain medications. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for for Caudal Epidural Steroid Injections times 3, one month apart, half-dose steroid w/sedation is not medically necessary.