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| Case Number: | CM15-0102247 | | |
| Date Assigned: | 06/04/2015 | Date of Injury: | 01/07/2015 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 05/28/2015 |

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of January 7, 2015. In a Utilization Review report dated May 20, 2015, the claims administrator denied requests for an epidural steroid injection and electrodiagnostic testing of bilateral lower extremities. The claims administrator referenced progress notes of May 14, 2015, February 24, 2015, and January 3, 2015, along with RFA forms of March 4, 2015, February 25, 2015, and February 2, 2015. The claims administrator referenced all those things toward the top of his report, but summarized the February 24, 2015 progress note in the body of its decision. The applicant's attorney subsequently appealed. On May 14, 2015, the applicant reported ongoing complaints of low back pain. The applicant had returned to regular duty work, it was suggested, despite ongoing pain complaints. The applicant was described as having mild back pain, it was stated toward the subjective section of the note. Epidural steroid injection therapy and electrodiagnostic testing were sought. The applicant was returned to regular duty work. The applicant exhibited normal gait with normal lower extremity neurological function. The applicant is given a diagnosis of lumbar radiculopathy, although there is no description of radicular pain complaints in this particular note. In a Medical-Legal Evaluation dated May 3, 2015, the applicant was described as having ongoing complaints of low back pain with MRI evidence of a moderate to severe left L5-S1 disk protrusion with associated left neuroforaminal narrowing, it was reported. The applicant continued to report paresthesias about the left leg, exacerbated by long sitting and states that applicant had returned to regular duty work on April 30, 2015. The medical-legal evaluator suggested that the applicant had

hyposensorium about the left leg with left lower extremity range from 5- to 5/5. SI joint tenderness was also reported. The medical-legal evaluator suggested electrodiagnostic testing of the lower extremities to document alleged nerve damage. A trial epidural steroid injection was also recommended. The medical-legal evaluator suggested that the applicant return to regular duty work. The applicant denied any significant past medical history, it was acknowledged. The applicant was no longer smoking, it was stated in the social history section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Interlaminar Epidural Steroid Injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Yes, the proposed L5-S1 epidural steroid injection was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also support up to two diagnostic blocks. Here, the request is framed as a first-time request for lumbar epidural injection therapy. The applicant was, moreover, described as having radiographic corroboration of radiculopathy at the level in question, L5-S1, by a medical-legal evaluator. Moving forward with the request, thus, was indicated. Therefore, the request was medically necessary.

NCS/EMG 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) Treatment in Workers Compensation (TWC) Guidelines, Chapter: Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chronic Pain, 3rd ed, pg 848.

Decision rationale: Conversely, the request for electro diagnostic testing of bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, "EMG testing is not recommended" for applicants who carry a diagnosis of clinically evident radiculopathy. Here, the applicant's medical-legal evaluator stated that the applicant had clinically evident, radiographically-confirmed radiculopathy at the level in question, seemingly obviating the need for the EMG component of the request. The MTUS Guideline in ACOEM Chapter 14, Table 14-

6, page 377 also notes that electro diagnostic studies (AKA nerve conduction testing) is "not recommended" in the absence of clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there is mention of the applicant's carrying a diagnosis of tarsal tunnel syndrome or entrapment neuropathy. The Third Edition ACOEM Guidelines Chronic Pain Chapter notes on page 848 that nerve conduction studies are recommended when there is a peripheral systemic neuropathy of uncertain cause. Here, however, there was no mention of the applicant's having suspected peripheral neuropathy. There was no mention of the applicant's carrying a diagnosis such as diabetes, hypothyroidism, alcoholism, hepatitis, etc., which could have predisposed the applicant toward development of a generalized peripheral neuropathy. Since both the EMG and the NCV components of the request were not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.