

<b>Case Number:</b>	CM15-0106189		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Pennsylvania  
Certification(s)/Specialty: Internal 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 injured worker is a 50-year-old female who sustained an industrial injury on 7/25/13 when she tripped and landed on her left knee, elbow and low back. She was medically evaluated and was treated with physical therapy, acupuncture and medication. She has an MRI of the lumbar spine (2/17/15) showing mild disc disease with L5-S1 left paracentral protrusion, annular fissure contacting the left S1 nerve root. She currently complains of left knee pain, left buttock pain and left hip pain, with intermittent numbness and tingling in the left foot and weakness in the left foot. Physical exam of the left knee revealed tenderness on palpation throughout the knee; there was tenderness to palpation over the left greater trochanteric and left greater sciatic notch. In addition, there was lumbar pain with radiation down the left lower extremity with numbness and tingling affecting the entire left foot. Examination showed muscle spasms in the left lumbosacral paraspinal muscle area, decreased sensation to light touch in the dorsal aspect for the left foot, decreased reflexes in the left ankle, and decreased strength in the left dorsiflexor and left extensor hallucis longus muscle. Medication is Advil. Medication is helpful but she is developing symptoms of gastritis. Diagnoses include chronic left knee pain and mechanical symptoms, left knee internal joint derangement and secondary synovitis, lumbar strain and possible disc derangement, left lumbosacral radiculopathy, myofascial pain, left greater trochanteric bursitis, left patellofemoral syndrome, and left pes anserinus bursitis. Treatments to date include acupuncture, which was of no benefit, cortisone injection into left knee without significant improvement, physical therapy, acupuncture, and home exercise program. In the progress note, dated 4/23/15 the treating provider's plan of care includes requests for epidural

steroid injections at L5 and S1, electromyography/ nerve conduction studies of bilateral lower extremities to rule out peripheral neuropathy versus lumbosacral radiculopathy, and chiropractic care two times a week for four weeks to help with pain management. The request for the above services dated 4/25/15 also includes a urine drug screen. Naproxen, omeprazole, neurontin, and flexeril were prescribed. On 5/21/15, Utilization Review non-certified or modified requests for the items currently under Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left L5 and S1 epidural steroid injection: Overturned**

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

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

**Decision rationale:** The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, non-steroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. The MTUS states that epidural steroid injection should be used in conjunction with other rehab efforts including continuing a home exercise program. This injured worker has clinical and radiographic findings consistent with left lower extremity radiculopathy, with specific nerve root compression. The Utilization Review determination noted that the injured worker would be undergoing a trial of chiropractic treatment and medications and that the MRI report was not provided, and the request for epidural steroid injection was denied. However, this determination did not take into consideration that the injured worker had already been treated with conservative measures including physical therapy, acupuncture, and medications. A home exercise program was discussed. There are clear examination findings, including dermatomal sensory loss and loss of reflex and strength in a distribution consistent with the MRI findings, which were well discussed. As such, the request for Left L5 and S1 epidural steroid injection is medically necessary.

#### **EMG (electromyography)/NCS (nerve conduction study) of the right lower extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies.

**Decision rationale:** The ACOEM states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. The ODG states that nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. The electrodiagnostic testing was requested to rule out lumbosacral radiculopathy versus peripheral neuropathy. In this case, the physical findings were consistent with left sided radiculopathy and were clinically obvious, with dermatomal loss of sensation, reflex, and strength. No right sided radicular findings were noted on examination and there was no discussion of findings of right sided nerve impingement on the MRI of the lumbar spine. Due to lack of clinical examination findings in the right lower extremity, and guideline recommendations against nerve conduction studies in the lower extremities, the request for EMG (electromyography)/NCS (nerve conduction study) of the right lower extremity is not medically necessary.

**Chiropractic therapy 2x4 weeks for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** This injured worker has chronic low back pain. Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. Per the MTUS, chiropractic manipulation is not recommended for the "Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee." The number of sessions requested (8) is in excess of the guideline recommendation for an initial trial of 6 visits. As such, the request for Chiropractic therapy 2x4 weeks for low back is not medically necessary.

**Urine screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94 Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing, opioids, screening tests for risk of addiction and misuse.

**Decision rationale:** Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. In this case, there was no documentation of treatment or plan for treatment with opioid medication. The injured worker's only medication was a non-steroidal anti-inflammatory agent, and recent additional medications prescribed were naproxen, omeprazole, neurontin, and flexeril. As such, the request for urine screen is not medically necessary.