

Case Number:	CM15-0164817		
Date Assigned:	09/03/2015	Date of Injury:	05/05/1992
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/21/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male, who sustained an industrial injury on 5-5-92. The injured worker was diagnosed as having recurrent disc herniation at the L4-5 level on the left and disc bulge at L5-S1. Treatment to date has included L4-5 microdiscectomy, anterior cervical discectomy and fusion, chiropractic treatment, and medication. Physical examination findings on 7-23-15 included bilateral positive straight leg raises. Currently, the injured worker complains of back pain radiating to bilateral lower extremities. The treating physician requested authorization for electromyography and nerve conduction studies of multiple lower extremities and lumbar. Other requests included 2 lumbar steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV multiple lower extremities, lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter under EMG.

Decision rationale: The patient presents with severe back pain radiating to the left lower extremity. The request is for EMG/NCV multiple lower extremities, lumbar. The request for authorization is not provided. MRI of the lumbar spine, 05/28/15, shows levoscoliosis; degenerative changes throughout the lower thoracic and lumbar spines with a 5 mm broad based central disc protrusion with bony ridging with a left lateral extruded component extending into the left neural foramen migrating slightly over the left posterior body of L5, facet hypertrophy, mild central canal, and moderate to severe left foraminal stenosis with impingement upon the left exiting nerve roots at L4-L5. Physical examination reveals well-healed, midline, lower back incision. He has positive straight leg raising on both sides at about 80 degrees, tenderness to palpation at the L4-S1 joints, painful loss of range of motion. Per progress report dated 06/11/15, the patient is permanent and stationary. ODG Guidelines, chapter 'Low Back-Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." Per progress report dated 08/17/15, treater's reason for the request is "to see if we can pinpoint clinically the levels affected." In this case, the patient continues with low back pain radiating to lower extremities. Given the patient's lower extremity symptoms, physical examination, and MRI findings, EMG/NCV studies would appear reasonable. Review of provided medical records show no evidence that this patient has had prior bilateral lower extremities EMG/NCV studies done. Therefore, the request is medically necessary.

Epidural steroid injections, lumbar Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with severe back pain radiating to the left lower extremity. The request is for Epidural steroid injections, lumbar Qty: 2. The request for authorization is not provided. MRI of the lumbar spine, 05/28/15, shows levoscoliosis; degenerative changes throughout the lower thoracic and lumbar spines with a 5 mm broad based central disc protrusion with bony ridging with a left lateral extruded component extending into the left neural foramen migrating slightly over the left posterior body of L5, facet hypertrophy,

mild central canal, and moderate to severe left foraminal stenosis with impingement upon the left exiting nerve roots at L4-L5. Physical examination reveals well-healed, midline, lower back incision. He has positive straight leg raising on both sides at about 80 degrees. Tenderness to palpation at the L4-S1 joints, painful loss of range of motion. Per progress report dated 06/11/15, the patient is permanent and stationary. MTUS, Epidural Steroid Injection Section, page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Per progress report dated 08/17/15, treater's reason for the request is "to try to confirm the pain generator." Physical examination reveals positive straight leg rising on both sides at about 80 degrees, tenderness to palpation at the L4-S1 joints, painful loss of range of motion. MRI of the lumbar spine, 05/28/15, shows levoscoliosis; degenerative changes throughout the lower thoracic and lumbar spines with a 5 mm broad based central disc protrusion with bony ridging with a left lateral extruded component extending into the left neural foramen migrating slightly over the left posterior body of L5, facet hypertrophy, mild central canal, and moderate to severe left foraminal stenosis with impingement upon the left exiting nerve roots at L4-L5. In this case, given the distribution of pain along with physical examination findings corroborated by MRI findings, the request appears to be reasonable. However, the treater does not specify the levels to be injected. Furthermore, the request is for 2 injections. MTUS recommends a 2nd or repeat injection only after at least 50% pain relief for 6-8 weeks following the initial injection. Therefore, the request is not medically necessary.