

Case Number:	CM15-0165619		
Date Assigned:	09/03/2015	Date of Injury:	11/07/2001
Decision Date:	10/06/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/24/2015

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 63-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 7, 2001. In a Utilization Review report dated August 3, 2015, the claims administrator partially approved a request for electrodiagnostic testing of bilateral extremities as EMG testing of the bilateral lower extremities alone, failed to approve a request for a lumbar epidural steroid injection, and failed to approve a request for eight sessions of post-injection physical therapy. A June 29, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On March 10, 2015, the attending provider contended that the applicant was status post earlier cervical discectomy and fusion surgery and status post earlier lumbar fusion surgery. The applicant was using Norco and Soma, it was reported, both of which were renewed. The applicant had retired from her former employment, it was stated. On June 29, 2015, the applicant reported ongoing complaints of neck pain, back pain, restless leg syndrome, and alleged neuropathy. The applicant had had prior lumbar epidural steroid injection in February 2015, it was reported. Repeat epidural steroid injection was sought. The applicant was reportedly "retired," it was suggested. Norco and Neurontin were renewed. Electrodiagnostic testing of the bilateral lower extremities was sought to rule out radiculopathy versus neuropathy. Lumbar epidural steroid injection and eight sessions of physical therapy were endorsed. On August 7, 2015, Norco and Soma were renewed. The applicant exhibited decreased sensorium about the bilateral lower extremities. Difficulty walking and radiating hip pain complaints were reported. A progress note of March 24, 2015 did suggest that the applicant had a variety of medical comorbidities,

including diabetes, hypertension, and hypothyroidism. The applicant was using metformin and Synthroid, it was suggested on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity of bilateral lower extremities: Overturned

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

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, 3rd ed., Chronic Pain, pg. 848 4. Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is either of uncertain cause or a necessity to document extent. Indications Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus. Strength of Evidence Recommended, Insufficient Evidence (I).

Decision rationale: Yes, the request for electrodiagnostic testing of the bilateral lower extremities was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does recommended needle EMG testing to clarify diagnosis of suspected nerve root dysfunction, as was seemingly suspected here. The applicant was described as having ongoing low back pain and/or lower extremity radicular pain complaints status post earlier failed lumbar spine surgery. Obtaining EMG testing was indicated to distinguish between the presence of lumbar radiculopathy versus superimposed peripheral neuropathy, as suggested by the attending provider. The Third Edition ACOEM Guidelines Chronic Pain Chapter does recommend nerve conduction testing when there is a peripheral systemic neuropathy of uncertain cause. Here, the applicant did have superimposed diabetes and hypothyroidism, it was reported on March 24, 2015. The applicant was reportedly using metformin and Synthroid, it was stated on that date. The applicant's systemic disease processes of hypothyroidism and diabetes did call into question suspicion of a generalized peripheral neuropathy. Moving forward with the nerve conduction testing component of the request was, thus, indicated, as suggested by ACOEM. Since both the EMG and NCV components of the request were indicated, the entire request was indicated. Therefore, the request was medically necessary.

Bilateral Lumbar Steroid Injections at the L4-5: Upheld

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

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

Decision rationale: Conversely, the request for lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for a repeat epidural steroid injection. The treating provider acknowledged in his June 29, 2015 progress note that the applicant had had prior lumbar epidural steroid injection as recent as February 2015. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant had "retired" from her former employment, it was acknowledged on the June 29, 2015 office visit at issue. The applicant remained dependent on a variety of analgesic and adjuvant medications including Norco, Soma, and Neurontin, it was reported on both June 29, 2015 and August 17, 2015. The applicant was having difficulty performing activities of daily living as basic as walking, it was reported on August 17, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior epidural steroid injection in February 2015 alone. Therefore, the request for a repeat epidural steroid injection was not medically necessary.

8 post injection physical therapy sessions for the lumbar spine: Upheld

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

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

Decision rationale: Finally, the request for 8 sessions of post-injection physical therapy was likewise not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, one that accompanied the primary request for a lumbar epidural steroid injection. Since that request was deemed not medically necessary, the derivative or companion request for post-injection physical therapy was likewise not medically necessary.