

Case Number:	CM15-0217532		
Date Assigned:	11/09/2015	Date of Injury:	07/06/2015
Decision Date:	12/29/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/04/2015

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 represented 54-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of July 6, 2015. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve requests for a lumbar epidural steroid injection and electrodiagnostic testing of the right lower extremity. The claims administrator referenced a September 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 1, 2015, the applicant reported ongoing issues with low back pain radiating to the left leg. An L4-5 epidural steroid injection was sought to alleviate the applicant's radicular pain complaints. The requesting provider was an orthopedic spine surgeon, it was incidentally noted. MRI imaging of the knee was also sought. On September 8, 2015, an epidural steroid injection was performed at L4-L5. On September 22, 2015, treating provider suggested that the applicant undergo a repeat epidural steroid injection, writing that the applicant might need "further epidural steroid injections." The applicant was placed off of work, on total temporary disability, treating provider stated toward the bottom of the note. Electrodiagnostic testing of the lower extremities was also sought. The treating provider did state, toward the top of the note, that the applicant's radicular pains were confined to the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of the bilateral lower extremity #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic): Nerve conduction studies (EMG, NCS).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for electrodiagnostic testing of the 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 deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy, as was seemingly present here. The attending provider noted on September 20, 2015. The applicant already had an established diagnosis of "herniated discs of lumbar spine with radiculopathy," seemingly obviating the need for the electrodiagnostic testing at issue. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that routine usage of NCV or EMG testing in the diagnostic evaluation of applicants without symptoms is deemed "not recommended." Here, the attending provider acknowledged on September 20, 2015 that all the applicant's radicular pain complaints were confined to the symptomatic left lower extremity. Electrodiagnostic testing of the bilateral lower extremities to include asymptomatic right lower extremity, thus, was at odds with the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272. Therefore, the request is not medically necessary.

Epidural injection #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for one (1) lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question was made on September 22, 2015. The claimant had already undergone a prior lumbar epidural steroid injection on September 5, 2015, both the treating provider and claims administrator acknowledged. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that epidural steroid injections are deemed "optional" for radicular pain, to avoid surgery, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 12, page 300 to the effect that epidural steroid injections offer "no significant long-term functional benefit." Here, the applicant had already received one prior epidural steroid injection, the applicant reported on September 22, 2015. Despite undergoing one prior lumbar epidural steroid injection, the applicant still had ongoing complaints of low back pain radiating to the left leg. The applicant still remained off of work, on total temporary disability. All of the

foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of one prior lumbar epidural steroid injection. Therefore, the request for a repeat epidural injection is not medically necessary.