

<b>Case Number:</b>	CM15-0045643		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 51-year-old female, who sustained an industrial injury on 9/8/2010. She reported pain in the low back and bilateral lower extremities after getting out of a bus seat. The injured worker was diagnosed as status post microdiscectomy (2011), lumbar degenerative disc disease, lumbar 4-5 disc herniation, and lumbar facet arthropathy. Treatment to date has included epidural steroid injection, physical therapy, cognitive behavioral therapy, spinal cord stimulator, medial branch block, radiofrequency ablation, lumbar facet block, surgery, and medication management. Currently, a progress note from the treating provider, dated 2/12/2015, indicates the injured worker reported low back pain with left posterior thigh pain and numbness on the top of the foot. On 3/9/2015, Utilization Review non-certified the requests for pain management consultation and EMG/NCV bilateral lower extremity and lumbar myelogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-32.

**Decision rationale:** Although the MTUS does not directly address pain management consultation, it does address chronic pain programs that could be multidisciplinary or interdisciplinary. Pain clinics are included within the multidisciplinary programs and may be considered medically necessary when: adequate and thorough evaluation has been made; previous chronic pain treatment has been unsuccessful; the injured worker (IW) has had loss of ability to function independently; the IW is not a surgical candidate; and the IW shows motivation to change. Based on the sparse medical records for this IW, she has had continued radicular symptoms despite microdiscectomy, and a follow-on facet block, rhizotomy, and spinal cord stimulator. She recently had symptom resolution with a left L5 transforaminal epidural steroid injection (ESI). It would appear reasonable for another ESI placement, and based on her extensive medical history, consultation with pain management. Therefore, the request for pain management consultation is medically necessary.

**EMG/NCV Bilateral lower extremity and Lumbar Myelogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** Per the cited ACOEM guideline, electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in workers with low back symptoms lasting more than three or four weeks. Diskography is not recommended for assessing acute low back symptoms and there is a high risk of complications for myeloCT and myelography. According to the ODG, nerve conduction studies (NCS) are not recommended in low back radicular symptoms. Diagnostic testing should be ordered when there is an expectation of a change in the treatment recommendation. Based on the sparse clinical information, there is no documentation to support obtaining an EMG/NCV of the lower extremities, since there has been no change in the injured worker's (IW) symptoms since the last EMG/NCV. In addition, the requested lumbar myelogram is not necessary, since the IW has had a recent MRI and CT myelogram of the lumbar spine. Thus, the request for EMG/NCV bilateral lower extremity and lumbar myelogram is not medically necessary and appropriate based on the cited guidelines and recent testing.