

<b>Case Number:</b>	CM15-0050736		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	02/10/1995
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 56-year-old female who sustained an industrial injury on February 10, 1995. The injured worker was diagnosed with cervical degenerative disc disease, lumbar degenerative disc disease, kyphosis, Superior Vena Cava thrombosis, chronic back pain, depression and anxiety. The injured worker is status post L4-S1 anterior lumbar interbody fusion (2012), T12-S1 posterior spinal fusion and pelvic fixation (2012), a C3-C7 anterior cervical discectomy and fusion extension in May 2014 and an IVC filter. Diagnostic tests include Computed Tomography (CT) lumbar spine, abdomen and pelvis on January 12, 2015, Computed Tomography (CT) of the cervical spine, Scoliosis study X-ray on February 2, 2015. According to the primary treating physician's progress report on February 2, 2015, the patient continues to experience back pain and numbness radiating bilaterally to the lower extremities. The pain is greater at the right buttock and right leg than the left side. She has an antalgic gait. There is a documented broken rod with solid fusion of the lumbar region. Current medications are listed as Dilaudid, Methadone, Gabapentin, Baclofen, Trazadone, Zolpidem, Diazepam, Pristiq, Lidoderm patches, Vitamins, lactulose, stools softeners and Warfarin. Treatment plan consists of medication along with the requested Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral lower extremities and a right-sided L5-S1 Transforaminal epidural steroid injection (ESI) for diagnostic and therapeutic purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the lower extremities quantity: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Integrated Treatment / Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** This 56 year old female has complained of neck pain, thoracic spine pain and lower back pain since date of injury 2/10/95. She has been treated with surgery, physical therapy, and medications. The current request is for EMG of the lower extremities. The available provider notes do not document any evidence of radiculopathy on recent physical examination. Further, there is no provider rationale regarding the necessity of obtaining an EMG of the lower extremities. On the basis of the available medical documentation and per the ACOEM guidelines cited above, EMG of the lower extremities is not indicated as medically necessary.

**NCS of the lower extremities quantity: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Integrated Treatment / Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** This 56 year old female has complained of neck pain, thoracic spine pain and lower back pain since date of injury 2/10/95. She has been treated with surgery, physical therapy, and medications. The current request is for NCS of the lower extremities. The available provider notes do not document any evidence of radiculopathy on recent physical examination. Further, there is no provider rationale regarding the necessity of obtaining NCS of the lower extremities. On the basis of the available medical documentation and per the ACOEM guidelines cited above, NCS of the lower extremities is not indicated as medically necessary.

**TFESI right L5-S1 quantity: 1.00:** Upheld

**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:** This 56 year old female has complained of neck pain, thoracic spine pain and lower back pain since date of injury 2/10/95. She has been treated with surgery, physical therapy, and medications. The current request is for TFESI right L5-S1 quantity 1.0. Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes; a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injection in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. The available medical records do not include documentation that criteria (1) above has been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination. On the basis of the MTUS guidelines, a TFWSI right L5-S1 is not indicated as medically necessary.