

Case Number:	CM15-0089488		
Date Assigned:	05/13/2015	Date of Injury:	06/09/2014
Decision Date:	06/17/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/11/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 46 female who sustained a work related injury June 9, 2014. She reported a gradual onset of low back pain after loading boxes onto a cart. She was diagnosed as lumbar muscle strain and radicular pain and treated with medication and physical therapy. An MRI of the lumbar spine, June 11, 2014, showed mild L4-L5 degenerative disc disease. On August 15, 2014, the injured worker underwent facet joint injections without relief. According to a primary treating physician's progress report, dated March 13, 2015, the injured worker presented with low back pain, difficulty walking with the right leg dragging sensation and giving out. The pain is associated with spasms and numbness into the right greater than the left leg. Diagnoses are low back pain; lumbar radiculopathy; lumbar facet pain; sacroilitis; myofascial pain. Treatment plan included MRI of the lumbar spine and x-ray of the lumbar spine and at issue, a request for authorization for EMG/NCV (electrodiagnostic studies) and epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 287-326, page(s) 165-188, page 261.

Decision rationale: The MTUS Guidelines discuss that electromyography (EMG) of the legs may be helpful when the worker is experiencing lower back pain and subtle, focal neurologic issues lasting longer than a month. This testing is recommended to clarify nerve root dysfunction, especially when a bulging lower back disk is suspected. This testing is not recommended for clinically obvious radiculopathy. The ACOEM Guidelines recommend the use of nerve conduction velocity (NCV) testing to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation reported the worker was experiencing lower back pain, right leg weakness, and numbness in both legs. There was no discussion suggesting subtle neurologic findings in the neck or any arm issues or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for electromyography (EMG) and nerve conduction velocity (NCV) testing of both legs is not medically necessary.

Epidural steroid injection to the lumbar spine at level L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing lower back pain, right leg weakness, and numbness in both legs. There were no imaging study results provided that were consistent with the indicated level. There also was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an epidural steroid injection at an unspecified side of the L5 level is not medically necessary.