

<b>Case Number:</b>	CM13-0033025		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/12/2008
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Oklahoma and Texas. 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 physician 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/services.

### 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 patient is a 48 year old female who reported an injury on 11/12/2008. The mechanism of injury was a fall. The patient complained of pain to the back. The patient has been diagnosed with lumbar radiculopathy, lumbar facet arthropathy and cervical radiculopathy. The clinical documentation dated 10/14/2013 stated the patient complained of low back pain, bilateral shoulder pain and left leg pain. The clinical documentation dated 11/08/2013 stated the patient complained of increased pain and rated the pain at an 8/10. The physical examination indicated decreased strength on the left, tenderness and a positive Straight leg test. The patient is working full-time without restrictions. The patient has been treated with trigger point injections, epidural steroid injections, medication, heat, ice and exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Online Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The Physician Reviewer's decision rationale: The patient is a 48 year old female who complained of back pain due to a fall. The patient was diagnosed with lumbar radiculopathy, lumbar facet arthropathy and cervical radiculopathy. CA MTUS/ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. No objective clinical documentation was submitted showing functional deficits, improved pain level or the efficacy of other treatments the patient may have undergone. Also, there is no indication that the patient is considering a surgical option to alleviate the low back pain. Given the lack of documentation, the request is non-certified.

**(L) L5, S1 Epidural Steroid Injections:** 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 Page(s): 46.

**Decision rationale:** The Physician Reviewer's decision rationale: The patient is a 48 year old female who complained of back pain due to a fall. The patient was diagnosed with lumbar radiculopathy, lumbar facet arthropathy and cervical radiculopathy. CA MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing along with unresponsive to conservative treatment. No objective clinical documentation was submitted showing functional deficits, the efficacy of pain medication or the efficacy, decreased pain level from previous epidural injections or other treatments the patient may have undergone. As such, the request is non-certified.

**EMG/NCV left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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, EMGs.

**Decision rationale:** The Physician Reviewer's decision rationale: The patient is a 48 year old female who complained of back pain due to a fall. The patient was diagnosed with lumbar radiculopathy, lumbar facet arthropathy and cervical radiculopathy. CA MTUS/ACOEM recommended EMGs as an option (needle, not surface). ODG states EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The clinical documentation submitted for review states the patient was diagnosed with lumbar radiculopathy, lumbar facet arthropathy and cervical radiculopathy. Also, no objective clinical documentation

was submitted showing functional deficits, the efficacy of pain medication or the efficacy of other treatments the patient may have undergone.