

Case Number:	CM15-0011522		
Date Assigned:	01/29/2015	Date of Injury:	10/20/2013
Decision Date:	03/23/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female injured worker suffered an industrial injury on 10/20/2013. The diagnoses were lumbar spondylolisthesis and degenerative disc disease. The diagnostics were magnetic resonance imaging, and x-rays. The treatments were medications and physical therapy. The treating provider reported the back pain was 7 to 8/10 radiating to right buttock back of thigh and knee, and positive straight leg raise. The Utilization Review Determination on 12/24/2014 non-certified lumbar epidural steroid injection citing MTUS and electromyography/nerve conduction velocity, right lower extremity citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (ESI) right L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with low back pain rated 7-8/10 which radiates to the right buttock, back of thigh, and knee. The request is for EPIDURAL STEROID INJECTION (ESI) RIGHT L4-L5. The RFA provided is dated 12/04/14. Patient's diagnosis on 12/04/14 included sprain of lumbar, spondylolisthesis, and degenerative disc disease. Patient is currently on modified duty. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections."Treater is requesting ESI for both diagnostic and therapeutic purposes. Physical examination of lumbosacral spine on 12/04/14 revealed restricted lumbar range of motion and positive straight leg test. An MRI study (unspecified date) was positive for L5-S1 grade 1 spondylolisthesis with foraminal stenosis, and L5 root compression as well as disc protrusion at L4-L5 and L5-S1. In this case, radiculopathy was documented by physical examination and corroborated by imaging studies. The medical records provided did not show a prior lumbar ESI. The request for lumbar epidural injection appears compliant with the MTUS recommendations. Therefore, the request IS medically necessary.

EMG/C\NCV right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 206-262.

Decision rationale: The patient presents with low back pain rated 7-8/10 which radiates to the right buttock, back of thigh, and knee. The request is for EMG/NCV RIGHT LOWER EXTREMITY. The RFA provided is dated 12/04/14. Patient's diagnosis on 12/04/14 included sprain of lumbar, spondylolisthesis, and degenerative disc disease. Patient is currently on modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. In the progress report dated 12/04/14, treater states: I would like to evaluate the right lower extremity electrodiagnostic study to rule out any acute versus chronic nerve root pathology. In this case, there is no reference to prior EMG or NCV and the patient continues with significant low back pain. There is documentation of subjective radicular complaints as well as objective physical findings. In addition, radiculopathy was corroborated by imaging studies. EMG studies would appear reasonable. The request IS medically necessary.