

<b>Case Number:</b>	CM15-0013064		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/06/2008
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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 injured worker is a 57 year old male, who sustained an industrial injury on 8/6/2008. The diagnoses have included cervicalgia, sprain of neck, lumbar sprain/strain, lumbar radiculopathy and lumbago. Treatment to date has included pain medications. According to the consultation report dated 12/29/2014, the injured worker had complaints of neck and low back pain. The injured worker reported low back pain was sometimes a 9 on a scale of 10. Objective findings revealed that plantarflexors and dorsiflexors were slightly weak in the right leg. It was noted that magnetic resonance imaging (MRI) of the lumbar spine showed significant collapse at the level of L5-S1 with foraminal stenosis bilaterally and a disc herniation at the level of L5-S1. Authorization was requested for epidural steroid injection (ESI) lumbar L5-S1, computerized tomography (CT) scan of the lumbar spine and nerve conduction studies of the lower extremities. On 1/15/2015, Utilization Review (UR) non-certified a request for an epidural steroid injection (ESI) at L5-S1, a computerized tomography (CT) scan of the lumbar spine, a nerve conduction study of the right lower extremity and a nerve conduction study of the left lower extremity, citing Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Epidural Steroid Injection at L5-S1: Upheld**

**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:** According to the 12/29/2014 report, this patient presents with neck pain and a 9/10 low back pain. The current request is for Epidural steroid injection at L5-S1 "due to the fact that the patient is quite symptomatic." The request for authorization is on 01/09/2015. The patient's work status is "not working at this time." The Utilization Review denial letter states "there are no complaints of radicular pain in the L5-S1 distribution with only low back pain at 9/10 reported by all providers." Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of the provided reports does not show evidence of prior lumbar epidural steroid injections. In this case, the treating physician documented that the patient has low back with weakness in the right leg but the pain is not described in a specific dermatomal distribution to denote radiculopathy or nerve root pain. MRI shows "significant collapse at the level of L5-S1 with foraminal stenosis bilaterally and a disc herniation at the level of L5-S1." In this case, the provided imaging study and examinations finding does not corroborate the radiculopathy as required by MTUS. The request IS NOT medically necessary.

## **CT Scan of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, CT scan

**Decision rationale:** According to the 12/29/2014 report, this patient presents with neck pain and a 9/10 low back pain. The current request is for CT scan of the lumbar spine "to assess this patient's facet joints." The Utilization Review cited the ODG guidelines and states "ODG states Radiographic findings: There is no support in the literature for the routine use of imaging studies to diagnose lumbar facet mediated pain. Studies have been conflicting in regards to CT and/or MRI evidence of lumbar facet disease and response to diagnostic blocks or neurotomy. (Cohen 2007) Degenerative changes in facets identified by CT do not correlate with pain and are part of the natural degenerative process, (Kalichman, 2008)." Regarding computer tomography, ODG states "Not recommended" except for indications of Lumbar spine trauma: with neurological deficit, seat belt fracture or myelopathy infectious disease. Review of the provided reports do not mention of prior CT scan. In this case, the patient does not present with lumbar spine trauma that has neurological deficit, seat belt fracture or myelopathy infectious disease. The current request IS NOT medically necessary.

**NCS of the right and lower extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, EMG studies

**Decision rationale:** According to the 12/29/2014 report, this patient presents with neck pain and a 9/10 low back pain. The current request is for Nerve conduction studies of the right and lower extremity "to assess this patient's significant leg pain." The Utilization Review denial letter states "There is no indication peripheral nerve compression is of concern in this case, and no provocative tests noted for peripheral nerve compression were performed." Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. Review of the provided reports do not show any evidence of an EMG being done in the past. In this case, the treating physician has failed to document any examination findings to indicate that the patient has any signs of lower extremity radiculopathy. There is no clinical information to indicate that the patient may have any kind of neuropathy that would require testing for confirmation. The request for NCS of the right lower extremities IS NOT medically necessary.

**NCS of the left lower extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, EMG studies

**Decision rationale:** According to the 12/29/2014 report, this patient presents with neck pain and a 9/10 low back pain. The current request is for Nerve conduction studies of the leg lower extremity "to assess this patient's significant leg pain." The Utilization Review denial letter states "There is no indication peripheral nerve compression is of concern in this case, and no provocative tests noted for peripheral nerve compression were performed." Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. Review of the provided reports does not show any evidence of an NCS being done in the past. In this case, the treating physician has failed to document any examination findings to indicate that the patient has any signs of lower extremity radiculopathy. There is no clinical information to indicate that the patient may have any kind of neuropathy that would require testing for confirmation. The request for NCS of the leg lower extremities IS NOT medically necessary.

