

Case Number:	CM15-0128760		
Date Assigned:	07/15/2015	Date of Injury:	03/18/2014
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/03/2015

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, Pain Management

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 (n) 34-year-old female, who sustained an industrial injury on 3/18/14. She reported pain in her lower back, hips and left knee related to lifting a heavy object. The injured worker was diagnosed as having lumbar sprain, lumbar radiculopathy and lumbar stenosis. Treatment to date has included acupuncture, physical therapy, and a left L4-L5 epidural injection on 5/30/14, multiple lumbar MRIs, Gabapentin, Flexeril and Mobic. On 4/24/15, the injured worker rated her pain an 8/10 in the back and left leg. As of the PR2 dated 6/12/15, the injured worker reports sharp stabbing pain in her back that radiates to her left lower extremity. She has difficulty standing or sitting for long periods of time. Objective findings include a positive straight leg raise test on the left at 80 degrees, decreased lumbar range of motion and a positive Trendelenberg test on the left. The treating physician requested an EMG-NCV of the bilateral lower extremities and a left L5 selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, page 309 Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG/NCV of the lower extremities, Occupational Medicine Practice Guidelines state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are symptoms/findings suggestive of radiculopathy, but there is no clear indication for NCV in the absence of symptoms/findings suggestive of peripheral neuropathy and, unfortunately, there is no provision for modification of the request to allow for EMG only. Additional, there is additional conservative treatment recommended by the provider in the form of chiropractic and acupuncture. In light of the above issues, the currently requested EMG/NCV of the lower extremities is not medically necessary.

Left L5 selective nerve root block: 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 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, the patient has a history of prior injection without indication of at least 50% pain relief with functional improvement and reduction of medication use for at least six weeks from prior injection. In the absence of such documentation, the currently requested selective nerve root block is not medically necessary.