

<b>Case Number:</b>	CM15-0176174		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: New York

Certification(s)/Specialty: Internal 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:

This 58 year old woman sustained an industrial injury on 10/30/2014. The mechanism of injury is not detailed. Evaluations include a lumbar spine MRI dated 2-27-2015. Diagnoses include multilevel lumbar discogenic disease, stenosis and radiculopathy of the right lower extremity, and left plantar fasciitis. Treatment has included oral medications, activity modification, and physical therapy. Physician notes dated 8-4-2015 show complaints of increased low back pain with burning sensations with her legs giving out and left heel pain rated 9 out of 10. The physical examination shows moderate to severe pain across the low back, tenderness to the left foot, L4- S1 bilateral radiculopathy, decreased sensation to the bilateral S1 dermatome, and painful and decreased range of motion. Recommendations include electromyogram and nerve conduction studies of the right leg, bilateral lumbar epidural steroid injections, and follow up in four to six weeks. Utilization Review denied requests for a right lower extremity electromyogram and nerve conduction study citing there is no support for this study when there is adequate evidence of radiculopathy. The request for a left lumbar epidural steroid injection was denied citing there is no evidence of left lumbar radiculopathy and intralaminar injections are not supported in more than one area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG Right Lower Extremity # 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Low back chapter.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS).

**Decision rationale:** MTUS states that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks, and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMG's are not necessary if radiculopathy is already clinically obvious. ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Documentation indicates that the injured worker complains of chronic radicular low back pain and is diagnosed with multilevel lumbar spinal stenosis. Physician reports additionally demonstrate clinical signs of radiculopathy, making EMG/NCV testing not clinically indicated. With Radiculopathy already present and clinically obvious, the request for EMG Right Lower Extremity # 1 is not medically necessary by MTUS.

### **NCS Right Lower Extremity #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS).

**Decision rationale:** ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Furthermore, guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Documentation indicates that the injured worker complains of chronic radicular low back pain and is diagnosed with multilevel lumbar spinal stenosis. Physician reports additionally demonstrate clinical signs of radiculopathy, making EMG/NCV testing not clinically indicated. With Radiculopathy already present and clinically obvious, the request for NCS Right Lower Extremity #1 is not medically necessary by MTUS.

### **Right LESI L4-S1 #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Per MTUS, radiculopathy must be documented by physical examination and corroborated by imaging. No more than 2 Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, 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. The injured worker is diagnosed with multilevel lumbar spinal stenosis and complains of chronic radicular low back pain. Documentation shows objective findings of L4-S1 bilateral radiculopathy on physical examination corroborated by imaging. However, there is lack of evidence that a home exercise program is prescribed in conjunction with the requested epidural steroid injection. The request for Right LESI L4-S1 #1 is not medically necessary by MTUS.

**Left LESI L4-S1 #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Per MTUS, radiculopathy must be documented by physical examination and corroborated by imaging. No more than 2 Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, 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. The injured worker is diagnosed with multilevel lumbar spinal stenosis and complains of chronic radicular low back pain. Documentation shows objective findings of L4-S1 bilateral radiculopathy on physical examination corroborated by imaging. However, there is lack of evidence that a home exercise program is prescribed in conjunction with the requested epidural steroid injection. The request for Left LESI L4-S1 #1 is not medically necessary by MTUS.