

<b>Case Number:</b>	CM15-0037840		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	04/08/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 43-year-old female who reported injury on 04/08/2011. The mechanism of injury was cumulative trauma. The documentation dated 01/21/2015 revealed the injured worker was working as a bus driver and developed gradual onset of pain in her low back. The current complaints included low back pain radiating into the right foot with numbness and tingling. The injured worker had stiffness and tightness. The injured worker was noted to have an MRI of the lumbar spine on 12/18/2014. The injured worker was noted to undergo a right knee surgery in 2011. The medications included diabetes and weight loss tablets. The specific medications were not provided. The injured worker's height was 5 feet 3 inches and weight was 241 pounds. The injured worker had difficulty rising from a supine to seated position and from sitting to standing position. The injured worker was stooped forward, and her stride width and length were reduced, and the injured worker had an antalgic gait. The injured worker had a positive straight leg raise. The injured worker had tenderness at L3-4 and L4-5 facets. The injured worker had decreased strength in ankle dorsiflexion and great toe extension of -5/5. The injured worker had hyposensation on the right in the dorsum of the foot and lateral edge of the foot. The patella reflexes were noted to be 0, and the Achilles reflexes were +1/4 bilaterally. The injured worker underwent x-rays of the lumbar spine, which revealed left compensated scoliosis with the apex at L3. There was severe facet hypertrophy at L5-S1 in a posterior sagittal vertical alignment. There was loss of disc height at L5-S1 with neural foraminal narrowing and facet hypertrophy at L4-5. The physician documented he reviewed the MRI, which revealed disc desiccation and a 2 mm broad based disc protrusion at L3-4, with facet arthropathy and

ligamentum flavum hypertrophy causing bilateral neural foraminal and mild to moderate central canal stenosis. At L4-5, there was moderate to advanced ligamentum flavum and facet hypertrophy causing moderate to severe central canal stenosis and bilateral neural foraminal stenosis. At L5-S1, there was disc desiccation and a 2 to 3 mm left protrusion causing moderate left neural foraminal narrowing. The diagnoses included lumbar sprain and strain and left compensated scoliosis, as well as severe facet hypertrophy. The treatment plan included an epidural steroid injection at L3-4 or L4-5. Additionally, the request was made for EMG studies of the bilateral lower extremity to rule out radiculopathy and a weight loss program, including [REDACTED]. The subsequent documentation of 02/27/2015 revealed there was a withdrawal for the request for lumbar epidural steroid injections. The injured worker's conservative care included physical therapy 2 times during the course of injury. The most recent program was within the last year and lasted for approximately 1 month. The documentation indicated the treatment provided did provide the injured worker with lasting improvement. Additionally, in regard to weight loss attempts, the injured worker had been trying to decrease her weight on her own by attempting to decrease her caloric intake and eliminate high calorie sweets and carbohydrates. The injured worker plateau and was in need of further supervision. The injured worker's current weight was 248 pounds. Physical activity and exercise was restricted due to pain. The injured worker was noted to have sensation that was decreased in the right L5-S1 dermatomes. The injured worker was noted to be advised to continue to make her best effort to reduce caloric intake and exercise as much as she can tolerate. The request was made for a reconsideration of the denied EMG of the lower extremities. Additionally, it was indicated that the injured worker's height was 5 feet 3 inches, her current weight was 248 pounds, and the injured worker had a BMI of 43.93, which placed her in the morbid obesity class; and as such, there was a request for a reconsideration of the weight loss program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of objective findings upon physical examination of radiculopathy that are corroborated by electrodiagnostics or MRI findings. There should be documentation of a failure of conservative care, including exercise, physical therapy, NSAIDs, and muscle relaxants. The injured worker did not meet the criteria. The clinical documentation submitted for review indicated the physician subsequently withdrew this request. Given the above, the request for lumbar epidural steroid injection at L5-S1 is not medically necessary.

#### **EMG/NCV of Both Lower Extremities: Upheld**

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

**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 Chapter, Nerve conduction studies (NCS).

**Decision rationale:** The American College of Occupational and Environmental Medicine states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. They do not address NCS of the lower extremities. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. There was a lack of documentation of exceptional factors to warrant the necessity for both an EMG and NCV. Given the above, the request for EMG/NCV of both lower extremities is not medically necessary.

**Weight Loss Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight-loss outcomes: a systematic review and meta-analysis of weight-loss clinical trials with a minimum 1 year follow-up. J Am Diet Assoc. 2007 Oct; 107(10):1755-67.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle (diet & exercise) modifications.

**Decision rationale:** The Official Disability Guidelines indicate that lifestyle, dietary, and exercise modifications are essential. The clinical documentation submitted for review indicated the injured worker had tried weight loss on her own, and had a BMI of 43.93. However, the documentation further indicated the injured worker had not been exercising due to pain. The injured worker had trialed calorie counting. The physician documented the injured worker was encouraged to continue trying to lose weight and exercise. The request as submitted failed to indicate the specific program being requested, as well as the duration. Given the above, the request for weight loss program is not medically necessary.