

<b>Case Number:</b>	CM15-0062038		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 50 year old male who sustained an industrial injury on March 25, 2011. The injured worker was diagnosed with bilateral carpal tunnel syndrome and cervical degenerative disc disease. There was no diagnosis found relating to the lumbar spine. Treatment to date includes diagnostic testing, cervical epidural steroid injection (ESI) times 2, lumbar epidural steroid injection (ESI) times 1 and medications. According to the primary treating physician's progress report on January 6, 2015, the injured worker continues to experience neck and bilateral upper extremity pain associated with numbness and tingling. On February 5, 2015, the injured worker rated his pain without medications as 9/10 and with medications as a 5/10. His quality of sleep was poor. There was no examination or discussion of the lumbar spine. Current medications are listed as Ibuprofen, Neurontin and Naprosyn. Treatment plan consists of referral to an orthopedic surgeon, therapy for 12 sessions and the request for Electromyography (EMG)/Nerve Conduction Velocity (NCV) and a L5-S1 epidural steroid injection (ESI).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV Lumbar spine:** 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), Low back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 287-326, 165-188, 261.

**Decision rationale:** The ACOEM Guidelines recommend the use of nerve conduction velocity (NCV) testing to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck and both arms, numbness and tingling in both hands and the left arm, decreased sleep, and an unspecified pain. Documented examinations described findings consistent with carpal tunnel syndrome. There was no discussion suggesting subtle neurologic findings involving the lower back or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for nerve conduction velocity (NCV) testing for a problem in the lumbar spine region is not medically necessary.

**EMG Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 287-326, 165-188, 261.

**Decision rationale:** The ACOEM Guidelines discuss that electromyography (EMG) of the legs may be helpful when the worker is experiencing lower back pain and subtle, focal neurologic issues lasting longer than a month. This testing is recommended to clarify nerve root dysfunction, especially when a bulging lower back disk is suspected. This testing is not recommended for clinically obvious radiculopathy. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck and both arms, numbness and tingling in both hands and the left arm, decreased sleep, and an unspecified pain. Documented examinations described findings consistent with carpal tunnel syndrome. There was no discussion suggesting subtle neurologic findings involving the lower back or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for electromyography (EMG) testing for a problem in the lumbar spine region is not medically necessary.

**Lumbar epidural steroid injection 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 Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing pain in the neck and both arms, numbness and tingling in both hands and the left arm, decreased sleep, and an unspecified pain. There was no description of symptoms or documented examination findings consistent with an active lower back radiculopathy at the time of the request. There also was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for transforaminal epidural steroid injections at the unspecified side of the L5 level is not medically necessary.