

<b>Case Number:</b>	CM15-0092353		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Massachusetts

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 40 year old male, who sustained an industrial injury on 2/04/2014. He reported injury to his right shoulder and low back while employed as a construction worker. The injured worker was diagnosed as having lumbar disc extrusion L4-5, causing a right sided radiculopathy. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. Currently, the injured worker complains of constant low back pain, with radiation down the right leg to the foot, with numbness in the right leg. He also reported right shoulder pain, steadily improving. Current medications included Hydrocodone, Naproxen, Prilosec, and Alprazolam. He walked without a limp and was able to stand on his toes and heels. There was axial tenderness and tenderness over the right sacroiliac joint and in the right sciatic notch. Lumbar range of motion was limited by pain and straight leg raise was prominent on the right side, in the seated position. Neurological exam of the lower extremities noted diminished sensation over the L5 and S1 dermatomes in the right leg, below the knee. There were no motor deficits in the right lower extremity. X-rays of the lumbar spine showed slight osteoarthritis at L4-5, manifested by spur formation and some endplate sclerosis in the upper body of L5. Recent magnetic resonance imaging of the lumbar spine showed degenerative changes in the L4-5 disc and an 8mm right sided paracentral disc extrusion, which extended caudally and caused displacement and impingement on the right L5 nerve root and right S1 nerve root. The treatment plan included electrodiagnostic studies of the lower extremities. It was documented that if the electromyogram was positive, authorization for pain management referral would be requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG Left leg: 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 - Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** The claimant sustained a work-related injury in February 2014 and continues to be treated for radiating low back pain into the right lower extremity. When seen, there was decreased lumbar spine range of motion. Straight leg raising was positive on the right side with decreased sensation and decreased ankle reflex. An MRI of the lumbar spine had shown a right lateralized L4/5 disc herniation. The assessment referencing consideration of an epidural steroid injection depending on the results of electrodiagnostic testing. Electrodiagnostic testing is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy. However, as in this case, radiculopathy is already clinically obvious and supported by imaging findings. The reason for the request is to determine whether criteria for an epidural steroid injection are met. The test is not needed, however, since the criteria for consideration of an epidural steroid injection are already met based on the clinical findings and imaging that has been done. Additionally, there would be no need to test the claimant's asymptomatic left lower extremity. The request is not medically necessary or appropriate.

### **NCV Right leg: 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 - Electrodiagnostic studies (EDS) - Nerve conduction studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** The claimant sustained a work-related injury in February 2014 and continues to be treated for radiating low back pain into the right lower extremity. When seen, there was decreased lumbar spine range of motion. Straight leg raising was positive on the right side with decreased sensation and decreased ankle reflex. An MRI of the lumbar spine had shown a right lateralized L4/5 disc herniation. The assessment referencing consideration of an epidural steroid injection depending on the results of electrodiagnostic testing. Electrodiagnostic testing is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy. However, as in this case, radiculopathy is already clinically obvious and supported by imaging findings. The reason for the request is to determine whether criteria

for an epidural steroid injection are met. The test is not needed, however, since the criteria for consideration of an epidural steroid injection are already met based on the clinical findings and imaging that has been done. Additionally, there would be no need to test the claimant's asymptomatic left lower extremity. The request is not medically necessary or appropriate.

**NCV Left leg:** 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 - Electrodiagnostic studies (EDS) - Nerve conduction studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** The claimant sustained a work-related injury in February 2014 and continues to be treated for radiating low back pain into the right lower extremity. When seen, there was decreased lumbar spine range of motion. Straight leg raising was positive on the right side with decreased sensation and decreased ankle reflex. An MRI of the lumbar spine had shown a right lateralized L4/5 disc herniation. The assessment referencing consideration of an epidural steroid injection depending on the results of electrodiagnostic testing. Electrodiagnostic testing is recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy. However, as in this case, radiculopathy is already clinically obvious and supported by imaging findings. The reason for the request is to determine whether criteria for an epidural steroid injection are met. The test is not needed, however, since the criteria for consideration of an epidural steroid injection are already met based on the clinical findings and imaging that has been done. Additionally, there would be no need to test the claimant's asymptomatic left lower extremity. The request is not medically necessary or appropriate.