

Case Number:	CM15-0095411		
Date Assigned:	05/21/2015	Date of Injury:	08/06/2014
Decision Date:	06/24/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/15/2015

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 61 year old male who sustained an industrial injury on 08/06/2014. Current diagnoses include severe spinal stenosis and multilevel lumbar disc pathologies with left sided radiculopathy. Previous treatments included medication management and lumbar epidural injection. Previous diagnostic studies include EMG/NCS dated 04/21/2015 and MRI of the lumbar spine dated 01/26/2015. Report dated 03/30/2015 noted that the injured worker presented with complaints that included pain in the lower back that extends to the left thigh. Pain level was not included. Physical examination was positive for antalgic gait and positive sciatic stretch test on the left. The treatment plan included recommendation for diagnostic study of the lower extremities for additional assessment of the level of radiculopathy, and repeat lumbar epidural injections. Report dated 04/27/2015 notes that the injured worker has completed the EMG/NCS of the lower extremities on 04/21/2015. Disputed treatments include EMG/NCS of the bilateral lower extremity and lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of The Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

Decision rationale: Diagnostic evaluations and results may assist providers in the appropriate treatment plan as with EMG/NCV for clinical indication of lumbar epidural steroid injections to relieve symptom complaints; however, the epidural injections have not provided long-term relief or functional improvement. There were no neurological deficits defined nor conclusive imaging identifying possible neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any correlating myotomal/dermatomal clinical findings to suggest any lumbar radiculopathy or entrapment syndrome. The EMG/NCS of The Bilateral Lower Extremities is not medically necessary and appropriate.

Lumbar Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing not demonstrated here. Although the patient has radicular symptoms, to repeat a LESI in the therapeutic phase, 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. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Lumbar Epidural Injection is not medically necessary and appropriate.