

<b>Case Number:</b>	CM14-0156113		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 44-year-old male who reported an injury after slipping on a piece of pipe on 07/13/2012. On 09/25/2013, his diagnoses included lumbosacral strain and lumbar radiculitis. His complaints included left shoulder pain and pain in the left side of the lower back extending down the left leg. The pain was rated at 6/10 to 10/10 and 4/10 with medication, and was exacerbated with movement. The worker reported that his medications were helping him. The note revealed that he had recently undergone electrodiagnostic studies of the lower extremities. The treatment plan and discussion noted that consideration may be given to epidural steroid injections to the lower extremities. On 11/20/2013, he had a psychological assessment. On the Beck Depression Inventory, he scored 27 placing him in the moderate range of clinical depression. On the Beck Anxiety Inventory, he scored 14, which is suggestive of a mild anxious state. His diagnoses included episode of mental/clinical disorder, adjustment disorder with mixed emotional features, physical disorders and conditions, and psychosocial stressors including, cognitive, physical, emotional, occupational and financial problems. His treatment plan included a request for 6 cognitive behavioral sessions. On 12/31/2013, it was noted that he had completed his eighth individual therapy appointment. There was a review of a lumbar MRI dated 09/10/2012 which revealed a widely patent spinal canal and neuroforamen at all levels with mild posterior bulging discs at L4-5 and L5-S1. There was multilevel joint facet arthropathy at L4-5 and L5-S1. There was a recommendation for a request for a spine consultation. On 02/12/2014, in a Psychological Re-evaluation, it was noted that this worker's pain level and cigarette smoking had increased despite his previous psychotherapy. The recommendation was for 6 more sessions of cognitive behavioral therapy. The treatment plan recommendations included epidural injections of left L4-5 and L5-S1 levels. There was no

rationale included in this worker's chart. Requests for Authorization for the psychotherapy dated 02/17/2014 and for the spinal consult dated 02/04/2014 were included.

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

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

#### **Electromyography (EMG) of the left lower extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, online edition, Low Back, EMG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 710-711.

**Decision rationale:** The California ACOEM Guidelines note that electrodiagnostic studies are not recommended for patients with acute, subacute or chronic back pain who do not have significant lower extremity pain or numbness. There are no quality studies regarding the use of electromyography. Additionally, the submitted documentation noted that this injured worker had electrodiagnostic studies done in 2013. The results of those studies were not submitted for review. There was no rationale submitted for a repeat electrodiagnostic study. Therefore, this request for Electromyography of the Lower Left Extremity is not medically necessary.

#### **Nerve Conduction Velocity (NCV) study of the left lower extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, online edition, Low Back, Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Guidelines (ODG), Low Back, Lumbar & Thoracic, Nerve conduction studies (NCS).

**Decision rationale:** The California ACOEM Guidelines recommend the assessment of patients should include general observation, including changes in position, stance and gait, regional examination of the spine, neurological examination, testing for nerve root tension and monitoring pain behavior during range of motion as a clue to the origin of the problem. The Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy, if it has already been clearly identified by EMG and obvious clinical signs. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Additionally, electrodiagnostic studies were done on this worker in 2013, the results of which were not submitted for review. There was no justification for repeat electrodiagnostic studies. Therefore, this request for a Nerve Conduction Velocity Study of the Left Lower Extremity is not medically necessary.

#### **Spine Consult: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288 and 305-306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** The request for spine consult is not medically necessary. The California ACOEM Guidelines recommend that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. There was no evidence in the submitted documentation that this injured worker was having any acute exacerbations of spinal symptomology requiring a spinal consultation. The clinical information submitted failed to meet the evidence based guidelines for a referral. Therefore, this request for a spine consult is not medically necessary.

**Cognitive Behavioral Therapy (CBT) x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, online edition, Cognitive Behavioral Therapy (CBT) guidelines and Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Psychological Treatment Page(s): pages 101-102.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy for depression.

**Decision rationale:** The California MTUS Guidelines recommend psychological treatment for appropriately identified patients with chronic pain. Cognitive behavioral therapy has been found to be particularly effective. Psychological treatments incorporated into pain treatment has been found to have positive short term effect on pain interference and long term effect on return to work. The Official Disability Guidelines recommend cognitive behavioral therapy stating that the effects may be longer lasting than therapy with antidepressants alone. Timeframes include 13 to 20 visits over 7 to 20 weeks. It was noted that this injured worker had participated in an unknown number of individual and/or group therapy sessions over an undetermined period of time. Although his anxiety decreased somewhat, his depression remained at a constant level. There was no indication that he was benefiting from the psychotherapy. Additionally, there was no indication submitted that this worker was taking any antidepressant medications. The need for continued psychotherapy was not clearly demonstrated in the submitted documentation. Therefore, this request for Cognitive Behavioral Therapy (CBT) x 6 is not medically necessary.

**Epidural steroid injection to the left side at L4-L5, L5-S1 (#3): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG, online edition, Low Back, criteria for the use of lumbar epidural steroid injections

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, but no more than 2 ESI injections. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. This request for a third epidural steroid injection at L4-5 and L5-S1 is not supported by the guidelines. Therefore, this request for Epidural Steroid Injection to the left side at L4-5 and L5-S1 is not medically necessary.