

Case Number:	CM14-0156893		
Date Assigned:	09/26/2014	Date of Injury:	08/27/2012
Decision Date:	11/05/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 and Rehabilitation and is licensed to practice in California. 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 claimant is a 30-year-old male who has submitted a claim for sprain of the lumbar region associated with an industrial injury date of August 27, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of lower back discomfort and then an onset of lower back and left leg pain. CT scan of the lumbar spine on 1/22/13 noted the impression showed a diffuse bulge of the L4-5 and L5-S1 disc, causing mild narrowing of the central canal and neural foramina, bilaterally. A note on 2/27/14 mentioned that the patient has reached maximum medical improvement (MMI) and further chiropractic, PT or epidurals are not appropriate. Physical exam of the lumbar spine showed flexion to 45 degrees, extension at 10 degrees and no focal neurologic findings. Treatment to date has included medication, time off work, modified duties, physical therapy, and chiropractic therapy. The utilization review from September 15, 2014 denied the request for Transforaminal Epidural Injection (TFE) to the left side and EMG (electromyography) of left lower limb. The request for epidural injection was denied because the documentation noted that there was no neurologic deficit in the lower limbs and the history, exam and diagnostics were not indicative of epidurals as appropriate. The request for an EMG of the left lower limb was denied because imaging had been undertaken and adequate evidence was not provided of a new onset of neurologic deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Injection (TFE) left side: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; the patient must be initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, the patient complained of back pain and lower leg pain. CT scan of the lumbar spine on 1/22/13 noted a diffuse bulge of the L4-5 and L5-S1 disc, causing mild narrowing of the central canal and neural foramina, bilaterally. However, the physical examination of the patient does not support the diagnosis of a radiculopathy because there was an absence of neurologic deficit. In addition to this, the level at which the epidural injection will be performed was not mentioned. Therefore, the request for Transforaminal Epidural Injection (TFE) left side is not medically necessary.

EMG (electromyography) of left lower limb: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Electrodiagnostic testing

Decision rationale: According to page 303 of California MTUS/ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. According to the ODG, electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established, and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments. In this case, the patient presented with back symptoms for more than three to four weeks. CT scan of the lumbar spine on 1/22/13 noted a diffuse bulge of the L4-5 and L5-S1 disc, causing mild narrowing of the central canal and neural foramina, bilaterally. However, the patient did not complain of a neurologic symptom and the physical examination was devoid of any neurologic finding. There is no clear indication to do EMG testing at this time. Therefore, the request for EMG (electromyography) of the left lower limb is not medically necessary.