

<b>Case Number:</b>	CM13-0016466		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	09/13/2010
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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, has a subspecialty in Pain Management, 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:

This is a male patient with the date of injury of September 13, 2010. A Comprehensive Pain Management Consultation Report dated July 2, 2013 identifies the chief complaint of pain in the low back that radiates to the bilateral legs, right side greater than left. The patient underwent ten sessions of occupational therapy, which provided him with minimal relief. Physical examination identifies antalgic gait to the left. Heel-toe walk was performed with exacerbation to the left. There was mild tenderness over the paraspinal musculature, moderate tenderness at the L4 to S1 facet levels, positive sacroiliac tenderness, positive sacroiliac thrust test, Patrick's Fabere test, and Yeoman's test on the left. Assessment identifies lumbar disc disease, lumbar radiculopathy, and left sacroiliac joint arthropathy. An MRI of the lumbar spine did show multilevel disc disease with encroachment on the exiting nerve roots primarily at L3 and L5. Treatment recommendations identify left sacroiliac joint injection, EMG/NCV studies of the lower extremities, urine drug testing, and an electronic muscle stimulator (EMS) unit. The patient has failed conservative treatment, including physical therapy, chiropractic, medication, rest, and a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SACROILIAC JOIN INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** Guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy. History and physical examination should suggest a diagnosis with at least three positive exam findings, and diagnostic evaluations must first address any other possible pain generators. Within the documentation available for review, there is documentation of three positive examination findings and failure to respond to at least 4-6 weeks of aggressive conservative therapy. However, the patient has findings that are attributable to lumbar radiculopathy. Guidelines recommend that diagnostic evaluation must first address other pain generators. As such, the currently requested left sacroiliac joint injection is not medically necessary.

**EMG/NCV OF THE LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The Official Disability Guidelines state that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information made available for review, there is documentation of radicular symptoms. Imaging is noted to identify multilevel disc disease with encroachment on the exiting nerve roots primarily at L3 and L5. It is unclear why electrodiagnostic studies are necessary when imaging studies are positive and the physical examination identifies radiculopathy. Furthermore, guidelines do not recommend nerve conduction studies for back conditions. In the absence of clarity regarding these issues, the currently requested EMG/NCV of the lower extremities is not medically necessary.

**20-DAY TRIAL OF AN ELECTRONIC USCLE STIMULATOR (EMS) UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Glaser JA, Baltz MA, Nietert PJ, Bensen CV. Electrical muscle stimulation as an adjunct to exercise therapy in the treatment of nonacute low back pain: a randomized trial. *J Pain.* 2001 Oct;2(5):295-300

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that EMS is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, the patient is noted to have chronic pain. Guidelines do not support neuromuscular electrical stimulation for this condition. As such, the currently requested electronic muscle stimulator (EMS) unit is not medically necessary.

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The Official Disability Guidelines recommend urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no mention of treatment with opioids or the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. As such, the currently requested urine drug screen is not medically necessary.