

Case Number:	CM13-0041160		
Date Assigned:	12/20/2013	Date of Injury:	05/01/2013
Decision Date:	03/13/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 52-year-old male who reported injury on 05/01/2013. The mechanism of injury was stated to be the patient went to sit down on his chair at work at his work station and someone had lowered the chair to the lower most position and when the patient went to sit down he fell forcefully downward and jarred his lower back as he bottomed out the chair. The patient was noted to have taken his medications. The patient was noted to be positive for muscle weakness, back pain, muscle pain and sleep disturbance. The range of motion of the lumbar spine was noted to be decreased. The patient was noted to have tenderness to palpation of the paravertebral muscles, hypertonicity, spasms, tenderness, and severe tenderness in the back and lateral buttock musculature was noted on the right side. Lumbar facet loading was positive on the right side. Straight leg raise was positive on the right side and the Faber test was noted to be positive. The motor examination revealed the EHL on the right was 4/5, ankle dorsiflexors were 4/5 on the right, knee extensors were 5-/5 on the right, and hip flexors were 5-/5 on the right. The patient was noted to have light touch sensation that was decreased over L4 and L5 dermatomes on the right side. The diagnoses were noted to be lumbar radiculopathy and lumbar facet syndrome. The request was made for a medial branch block at L4, L5, S1 and sacral ala on the right side and for an EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-S1 and sacral ala medial branch block: 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) -TWC Low Back Procedure Summary and Hip & Pelvis Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Medial Branch Block; and Miller, Anna N., and Milton L. Chip Routh. "Variations in sacral morphology and implications for iliosacral screw fixation." Journal of the American Academy of Orthopaedic Surgeons 20.

Decision rationale: ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. As such, there was the application of the Official Disability Guidelines, which indicate that facet joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that for the use of diagnostic blocks, the patient have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Per Miller, Anna N. and Milton L. Chip Routh, (2012), "Other characteristics include the presence of mammillary bodies (ie, underdeveloped transverse processes) at the sacral mid-alar area, anterior upper sacral foramina that are not circular, residual upper sacral disks, an acute alar slope oriented from cranial-posterior-central to caudal-anterior-lateral on the outlet and lateral views of the sacrum, a tongue-in-groove sacroiliac joint surface visualized on CT, and cortical indentation of the anterior ala on the inlet radiographic view." As it is a facet type joint, the medial branch block guidelines apply. The clinical documentation submitted for review indicated the patient had facet pain upon palpation to the paravertebral area; however, the patient was noted to have an abnormal sensory examination and was noted to have a positive straight leg raise as well as decreased motor strength on the right. Given the above, the request for right L4-S1 and sacral ala medial branch block is not medically necessary.

EMG/NCS of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC Low Back Summary.

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

Decision rationale: ACOEM states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The clinical documentation submitted for review indicated the patient had decreased motor strength on the right side upon examination and decrease light touch sensation over the L4 and L5 dermatomal distribution on the right side. The request for an EMG would be supported. Official Disability Guidelines does not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated the physician was requesting the EMG/NCV study of the right lower extremity to rule out lumbar spine radiculopathy versus peripheral nerve entrapment. Given the above, the request for an EMG/NCS of the lower extremity is medically necessary.