MAXIMUS Federal Services

Case Number:	CM14-0001882		
Date Assigned:	01/24/2014	Date of Injury:	01/04/2011
Decision Date:	06/09/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/06/2014

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:

This patient sustained a low back injury from lifting a heavy bucket on 1/4/11 while employed by [redacted] Request(s) under consideration include facet injection at L3-4, L4-5, L5-S1, EMG of left lower extremity, and EMG of right lower extremity. Report of 10/28/13 from the provider noted the patient with complaints of low back pain, pressure, and shock-like sensation with numbness. The low back pain radiates to the right buttock and down the rear side of the thigh rated at 8-9/10. Pain is improved with lying down and medications; aggravated by bending, lifting movements, physical therapy, weight bearing, and turning over. Conservative care has included medications, rest, acupuncture, physical therapy, chiropractic care, massage, and use of TENS. Exam showed positive facet loading on right side with pain on palpation; antalgic giat; muscle spasm; decreased sensation in right side with weakness in bilateral legs; positive Patrick's; SI joint tenderness; pain with flexion and extension; straight leg raise positive on right at 30 degrees; motor strength testing of 4/5 on right sided muscles. It was noted the lumbar Discogram was inconclusive. Diagnoses include lumbago with annular tear at L4-5/ spondylosis; arthropathy; lumbar radiculopathy. Treatment plan included EMG of bilateral lower extremities and Facet injections. Request(s) for facet injection at L3-4, L4-5, L5-S1, EMG of left lower extremity, and EMG of right lower extremity were non-certified on 12/30/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET INJECTION AT L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary, updated 10/09/2013, Criteria for use of therapeutic intra-articular and medial branch blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks, Pages 412-418.

Decision rationale: This patient sustained a low back injury from lifting a heavy bucket on 1/4/11 while employed by [redacted]. Request(s) under consideration include FACET INJECTION AT L3-4, L4-5, L5-S1, EMG of left lower extremity, and EMG of right lower extremity. Report of 10/28/13 from the provider noted the patient with complaints of low back pain, pressure, and shock-like sensation with numbness. The low back pain radiates to the right buttock and down the rear side of the thigh rated at 8-9/10. Pain is improved with lying down and medications; aggravated by bending, lifting movements, physical therapy, weight bearing, and turning over. Conservative care has included medications, rest, acupuncture, physical therapy, chiropractic care, massage, and use of TENS. Exam showed positive facet loading on right side with pain on palpation; antalgic giat; muscle spasm; decreased sensation in right side with weakness in bilateral legs; positive Patrick's; SI joint tenderness; pain with flexion and extension; straight leg raise positive on right at 30 degrees; motor strength testing of 4/5 on right sided muscles. It was noted the lumbar Discogram was inconclusive. Diagnoses include lumbago with annular tear at L4-5/ spondylosis; arthropathy; lumbar radiculopathy. Treatment plan included EMG of bilateral lower extremities and Facet injections. Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in patient who may exhibit radicular symptoms as in this injured worker with radiating leg pain complaints, positive radicular signs and neurological deficits along with diagnosis of lumbar radiculopathy. Additionally, facet blocks are not recommended without defined imaging correlation not demonstrated here, nor are they recommended over 2 joint levels concurrently as requested here. Submitted reports have not demonstrated support outside guidelines criteria. The Facet Injection at L3-4, L4-5, L5-S1 is not medically necessary and appropriate.

EMG OF LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary, updated 10/09/2013, and American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: This patient sustained a low back injury from lifting a heavy bucket on 1/4/11 while employed by [redacted] Request(s) under consideration include facet injection at Ll3-4, L4-5, L5-S1, EMG of left lower extremity, and EMG of right lower extremity. Report of 10/28/13 from the provider noted the patient with complaints of low back pain, pressure, and shock-like sensation with numbness. The low back pain radiates to the right buttock and down the rear side of the thigh rated at 8-9/10. Pain is improved with lying down and medications; aggravated by bending, lifting movements, physical therapy, weight bearing, and turning over. Conservative care has included medications, rest, acupuncture, physical therapy, chiropractic care, massage, and use of TENS. Exam showed positive facet loading on right side with pain on palpation; antalgic giat; muscle spasm; decreased sensation in right side with weakness in bilateral legs; positive Patrick's; SI joint tenderness; pain with flexion and extension; straight leg raise positive on right at 30 degrees; motor strength testing of 4/5 on right sided muscles. It was noted the lumbar Discogram was inconclusive. Diagnoses include lumbago with annular tear at L4-5/ spondylosis; arthropathy; lumbar radiculopathy. Treatment plan included EMG of bilateral lower extremities and Facet injections. Per Guidelines, EMG is not recommended as there is minimal justification for performing electromyography when a patient is presumed to have symptoms and clinical findings consistent with radiculopathy. Additionally, electrodiagnostic studies of needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.); however, although there is no MRI report provided, diagnosis include specific findings of annular tear at L4-5 with diagnosis of lumbar radiculopathy. Submitted reports have not adequately demonstrated failed conservative trial with plan for surgical intervention or change in treatment towards a functional restoration rehabilitation course. The EMG of left lower extremity is not medically necessary and appropriate.

EMG OF RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary, updated 10/09/2013, and American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 12, TABLE 12-8, 309.

Decision rationale: This patient sustained a low back injury from lifting a heavy bucket on 1/4/11 while employed by [redacted] Request(s) under consideration include FACET INJECTION AT L3-4, L4-5, L5-S1, EMG OF LEFT LOWER EXTREMITY, and EMG OF RIGHT LOWER EXTREMITY. Report of 10/28/13 from the provider noted the patient with complaints of low back pain, pressure, and shock-like sensation with numbness. The low back pain radiates to the right buttock and down the rear side of the thigh rated at 8-9/10. Pain is improved with lying down and medications; aggravated by bending, lifting

movements, physical therapy, weight bearing, and turning over. Conservative care has included medications, rest, acupuncture, physical therapy, chiropractic care, massage, and use of TENS. Exam showed positive facet loading on right side with pain on palpation; antalgic giat; muscle spasm; decreased sensation in right side with weakness in bilateral legs; positive Patrick's; SI joint tenderness; pain with flexion and extension; straight leg raise positive on right at 30 degrees; motor strength testing of 4/5 on right sided muscles. It was noted the lumbar Discogram was inconclusive. Diagnoses include lumbago with annular tear at L4-5/ spondylosis; arthropathy; lumbar radiculopathy. Treatment plan included EMG of bilateral lower extremities and Facet injections. Per Guidelines, EMG is not recommended as there is minimal justification for performing electromyography when a patient is presumed to have symptoms and clinical findings consistent with radiculopathy. Additionally, electrodiagnostic studies of needle EMG is recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.); however, although there is no MRI report provided, diagnosis include specific findings of annular tear at L4-5 with diagnosis of lumbar radiculopathy. Submitted reports have not adequately demonstrated failed conservative trial with plan for surgical intervention or change in treatment towards a functional restoration rehabilitation course. The EMG of right lower extremity is not medically necessary and appropriate.