

<b>Case Number:</b>	CM14-0004370		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	06/15/2006
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Pain Management, 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 56-year-old male who reported an injury on 6/15/06. The mechanism of injury was unclear in the clinical documentation submitted. A clinical note dated 2/6/14 reported that the injured worker complained of pain in the bilateral paracentral and trapezius muscles with radiation of pain down the bilateral upper extremities with some intermittent numbness and tingling sensation affecting both hands. The injured worker complained of pain in the bilateral iliolumbar ligaments with some radiation of pain into the buttock area, especially when bending and twisting to either side. The injured worker was prescribed Cymbalta, Omeprazole, Neurontin, Nabumetone, and lidocaine patches as needed for pain control. On physical examination, the provider noted decreased flexion, extension, and bilateral bending and rotation by 10% of normal. The provider also noted tenderness in the bilateral paracervical muscles. The provider noted tenderness to the bilateral trapezius muscles. The provider also noted tenderness in the bilateral rhomboid muscles. The provider noted tenderness in the bilateral iliolumbar ligaments. The injured worker had a negative straight leg raise and a positive bilateral lumbar facet maneuver.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXTENSION EMG (ELECTROMYOGRAPHY) NERVE STUDIES BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12 ,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** The ACOEM guidelines note that EMG is indicated to diagnose nerve root dysfunction and for the detection of physiological abnormalities. The guidelines also note that EMG is not recommended for clinically obvious radiculopathy. The clinical documentation submitted indicated the injured worker had radiation of pain into the buttock, especially with bending or twisting to either side; however, there was a lack of documentation of significant findings of radiculopathy upon physical examination. There was a lack of documentation indicating the injured worker's need for EMG. As such, the request is not medically necessary.

**MEDIAL BRANCH BLOCKS L3, L4, L5 AND S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The ACOEM guidelines state that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines recommend that the patient's clinical presentation should be consistent with facet joint pain signs and symptoms. The guidelines note that facet injections are limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally. The guidelines recommend that there should be documented evidence of failure of conservative treatment to include home exercise, physical therapy, and NSAIDS, and no more than two joint levels should be injected per session. The medical documentation submitted for review has no mention of failed conservative treatment. The request indicates three levels to be injected. The provider noted that the injured worker had a negative straight leg raise and a positive bilateral lumbar facet maneuver; however, the level at which the injured worker had a positive bilateral lumbar facet maneuver was unclear. There was a lack of documentation of significant findings of facetogenic pain upon physical examination. As such, the request is not medically necessary.