

Case Number:	CM14-0035702		
Date Assigned:	06/23/2014	Date of Injury:	11/24/2001
Decision Date:	07/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 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 63-year-old male who reported an injury on 11/24/2001. The injured worker ultimately underwent fusion surgery at the L4-5 and L5-S1 followed by removal of hardware. The injured worker's postsurgical chronic pain was treated with epidural steroid injections and multiple medications. The injured worker's diagnoses included status post L4 to S1 fusion, left sacroiliitis, facet arthritis, degenerative disc disease at the L2-3 and L3-4, and chronic low back pain. The injured worker underwent an electrodiagnostic study of the bilateral lower extremities on 01/20/2014. The injured worker was evaluated on 01/30/2014. It was documented that the injured worker had recently undergone 8 visits of acupuncture that had provided significant relief to the injured worker's symptoms. Physical findings at that evaluation documented the injured worker had limited range of motion secondary to pain and decreased motor strength of the right low extremity. The injured worker's treatment plan included a request for additional electrodiagnostic tests of the bilateral lower extremities, a medial branch block for diagnostic purposes at the L3-4, and consideration for a rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral median branch blocks #2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability

Guidelines, Low Back Chapter, Criteria for the use of diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Facet Injections (diagnostic).

Decision rationale: At the time of the request, there is no documentation that the injured worker had received medial branch blocks at the L3-4. The ACOEM Guidelines recommends medial branch blocks when facet rhizotomy is a consideration. The clinical documentation does support that the injured worker is being considered for a facet rhizotomy. However, the Official Disability Guidelines recommend medial branch blocks for patients who have documentation of facet-mediated pain. The clinical documentation submitted for review does not provide any evidence that tenderness to palpation has facet-mediated pain at the L3-4. Therefore, a medial branch block at the L3-4 would not be indicated in this clinical situation. As such, the requested bilateral median branch blocks #2 are not medically necessary or appropriate. Furthermore, the request as it is submitted does not provide a level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined.

Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. 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 rationale: The ACOEM Guidelines recommends facet rhizotomies for patients who have had an appropriate response to diagnostic facet injections. The clinical documentation submitted for review does not provide any evidence that the injured worker is a candidate for diagnostic facet injections or that the injured worker had undergone them at the time of the request. Furthermore, the request as it is submitted does not specifically identify a level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary and appropriate.

EMG (Electromyography) study of the bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

Decision rationale: The ACOEM Guidelines recommends this type of study when there are non-focal physical findings of radiculopathy that would benefit from further investigation. The clinical documentation submitted for review does indicate that the injured worker recently underwent an electrodiagnostic study 10 days prior to the request. There was no significant change in the injured worker's treatment plan or clinical presentation to support the need for an additional electrodiagnostic study. As such, the request is not medically necessary and appropriate.

NCS (Nerve Conduction Study) of the bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

Decision rationale: The ACOEM Guidelines recommends this type of study when there are non-focal physical findings of radiculopathy that would benefit from further investigation. The clinical documentation submitted for review does indicate that the injured worker recently underwent an electrodiagnostic study 10 days prior to the request. There was no significant change in the injured worker's treatment plan or clinical presentation to support the need for an additional electrodiagnostic study. As such, the request is not medically necessary and appropriate.