

Case Number:	CM14-0039800		
Date Assigned:	06/27/2014	Date of Injury:	10/06/2005
Decision Date:	08/19/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 60 year old female who sustained an injury to her low back on 10/06/05 due to cumulative trauma while performing her usual and customary duties as a cashier. A clinical note dated 02/03/14 reported that the injured worker complained of worsening low back pain radiating into the bilateral lower extremities. A physical examination noted limitations with range of motion; positive straight leg raise; and an intact neurological examination. Treatment to date has included physical therapy, electromyography (EMG), aquatic therapy, and ten visits of acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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 chapter, Facet joint diagnostic blocks (injections).

Decision rationale: It was not indicated if the request is for lumbar or cervical facet blocks, and the level/laterality was not specified in the request. A previous request was denied on the basis

that there was no note of any current course of rehabilitation, physical therapy, or home exercise program. The Official Disability Guidelines state that treatment with this modality should be limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally. There must be documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least four to six weeks. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the patient has completed to date and/or the patient's response to any previous conservative treatment. Given this, the request for facet blocks is not indicated as medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - Low back chapter.

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 chapter, MRIs (magnetic resonance imaging).

Decision rationale: A previous request was denied on the basis that there was no clear indication of any focal neurological deficits. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention had been performed or was anticipated. The request was made for plain radiographs, but there was no indication that plain radiographs had been obtained prior to the request for a more advanced MRI. There were no physical examination findings of decreased motor strength, increased reflex, or sensory deficits. There were no additional significant 'red flags' identified. Given this, the request for MRI of the lumbar spine is not indicated as medically necessary.

EMG to the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 chapter, EMGs (electromyography).

Decision rationale: The previous request was denied on the basis that there was no detailed clinical examination provided for review and no specific nerve root or dermatomal pathology to suggest the need for documentation with electromyography (EMG)/nerve conduction velocity (NCV). There were no 'red flag' indications for EMG/NCV. The Official Disability Guidelines state that EMGs may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative treatment, but an EMG is not necessary if radiculopathy is already clinically obvious. The Official Disability Guidelines state that nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Current evidence-based

studies have shown that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Given this, the request for EMG/NCS of the bilateral lower extremities is not indicated as medically necessary.

NCS to the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 chapter, Nerve conduction studies (NCS).

Decision rationale: The previous request was denied on the basis that there was no detailed clinical examination provided for review and no specific nerve root or dermatomal pathology to suggest the need for documentation with electromyography (EMG)/nerve conduction velocity (NCV). There were no 'red flag' indications for EMG/NCV. The Official Disability Guidelines state that EMGs may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative treatment, but an EMG is not necessary if radiculopathy is already clinically obvious. The Official Disability Guidelines state that nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Current evidence-based studies have shown that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Given this, the request for EMG/NCS of the bilateral lower extremities is not indicated as medically necessary.