

Case Number:	CM14-0187685		
Date Assigned:	11/17/2014	Date of Injury:	09/25/2007
Decision Date:	01/28/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/11/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 60 year old male who sustained an industrial injury on 09/25/2007. The diagnoses were lumbar disc protrusion and lumbar degenerative disc disease. An MRI of the lumbar spine, performed on 08/05/2013 showed slight curvature of L1-L2 and broad based 1 mm disc bulge. At L2-L3, there was a 1.5mm disc bulge. At L3-4, there was a 2 mm disc bulge. At L4-L5, there was a central 2 mm disc protrusion with bilateral facet hypertrophy and slight increased facet signal. His medications included Norco, Baclofen and Ibuprofen. The progress note from 09/08/14 was reviewed. He had low back pain that was 2-3/10 with medications and 8-9/10 without medications. He had an injection in July 2014 that helped him for four days and then his pain increased with radiation down into the left leg. His examination findings included negative straight leg test and Patrick's test, positive facet loading test, sensation intact to light touch and strength testing was normal. He had tenderness to palpation over the lumbar paraspinal muscles and sacroiliac joint region. The request was for EMG/NCV of bilateral lower extremities and bilateral lumbar facet medial branch block at L3, L4 and L5 levels. The provider added that he had subjective and objective findings of disc herniation and had failed non surgical treatment including therapy and oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet block: bilateral L3, L4, L5 medial branch block: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (cohen, 2007) (Bogduk,2000), (manchukonda,2007) (dreyfuss,2000), (Manchikanti,2003) (datta,2009) Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Low back, page(s) Facet joint medial branch block.

Decision rationale: The employee was a 60 year old male who sustained an industrial injury on 09/25/2007. The diagnoses were lumbar disc protrusion and lumbar degenerative disc disease. An MRI of the lumbar spine, performed on 08/05/2013 showed slight curvature of L1-L2 and broad based 1 mm disc bulge. At L2-L3, there was a 1.5mm disc bulge. At L3-4, there was a 2 mm disc bulge. At L4-L5, there was a central 2 mm disc protrusion with bilateral facet hypertrophy and slight increased facet signal. His medications included Norco, Baclofen and Ibuprofen. The progress note from 09/08/14 was reviewed. He had low back pain that was 2-3/10 with medications and 8-9/10 without medications. He had an injection in July 2014 that helped him for four days and then his pain increased with radiation down into the left leg. His examination findings included negative straight leg test and Patrick's test, positive facet loading test, sensation intact to light touch and strength testing was normal. He had tenderness to palpation over the lumbar paraspinal muscles and sacroiliac joint region. The request was for EMG/NCV of bilateral lower extremities and bilateral lumbar facet medial branch block at L3, L4 and L5 levels. The provider added that he had subjective and objective findings of disc herniation and had failed non surgical treatment including therapy and oral medications. According to Official disability guidelines, facet joint pain is suggested by tenderness to palpation in the paravertebral region with normal sensory examination, absence of radicular findings and normal straight leg raising exam. Facet blocks are recommended in neck pain and low back pain that is non radicular, at no more than two levels bilaterally, with failure to improve with conservative treatment. The employee had low back pain. There was documented positive facet loading test, tenderness to palpation over lumbar paraspinal muscles, facet hypertrophy and increased facet signal in MRI of spine. He recently had lumbar ESI which didn't help his pain after four days. The request for lumbar facet medial branch blocks is medically necessary and appropriate.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Electrodiagnostic studies.

Decision rationale: The employee was a 60 year old male who sustained an industrial injury on 09/25/2007. The diagnoses were lumbar disc protrusion and lumbar degenerative disc disease. An MRI of the lumbar spine, performed on 08/05/2013 showed slight curvature of L1-L2 and broad based 1 mm disc bulge. At L2-L3, there was a 1.5mm disc bulge. At L3-4, there was a 2

mm disc bulge. At L4-L5, there was a central 2 mm disc protrusion with bilateral facet hypertrophy and slight increased facet signal. His medications included Norco, Baclofen and Ibuprofen. The progress note from 09/08/14 was reviewed. He had low back pain that was 2-3/10 with medications and 8-9/10 without medications. He had an injection in July 2014 that helped him for four days and then his pain increased with radiation down into the left leg. His examination findings included negative straight leg test and Patrick's test, positive facet loading test, sensation intact to light touch and strength testing was normal. He had tenderness to palpation over the lumbar paraspinal muscles and sacroiliac joint region. The request was for EMG/NCV of bilateral lower extremities and bilateral lumbar facet medial branch block at L3, L4 and L5 levels. The provider added that he had subjective and objective findings of disc herniation and had failed non surgical treatment including therapy and oral medications. According to Official Disability guidelines, NCS is not recommended for radiculopathy. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. The employee's available medical records showed negative straight leg raising test, normal sensory examination and normal motor examination. An MRI in 2013 showed no evidence of neural foraminal stenosis. Without clear indication for radiculopathy, a request for EMG/NCS of bilateral lower extremities is not medically necessary or appropriate.