

Case Number:	CM15-0003980		
Date Assigned:	01/14/2015	Date of Injury:	06/27/2008
Decision Date:	03/18/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 59 year old female sustained a work related injury on 06/27/2008. Diagnoses include lumbar facet syndrome, low back pain and sprains and strains of lumbar region. Treatment has included pain and anti-inflammatory medication, physical therapy, transcutaneous electrical stimulation (TENS) unit, and exercise. According to an office visit dated 12/16/2014, the injured worker complained of progressive pain in her lower back over the past six and a half years. Pain radiated down to her bilateral lower extremities and was associated with numbness and tingling of the bilateral legs as well as weakness in the right leg. The injured worker reported that she had previous diagnostic work-ups including magnetic resonance imaging (MRI) scans of her lower back. Examination showed tenderness over the paraspinal muscles with positive facet loading bilaterally, limited range of motion, negative straight leg raise bilaterally, decreased reflexes at the right knee and ankles, decreased strength at the bilateral extensor hallucis longus muscle groups, and diminished sensation over the right S1 and left L5 dermatomes. According to the provider, the injured worker's history and physical examination was consistent with chronic lower back pain, sprain/strain, lumbar facet syndrome, possible lumbar radiculopathy and lupus non-industrial. Work status was documented as permanently disabled, permanent and stationary with future medical care; the injured worker's last day of work was April 13, 2011. Recommendations included MRI scan of the lumbar spine to assess anatomic pathology given clinical symptoms and objective findings on physical examination. Following the MRI review, appropriate interventional procedures would be considered. Spinal x-rays were to rule out instability of the spine. Electromyography and Nerve Conduction Velocity Studies of the

bilateral lower extremities were requested to rule out lumbar spine radiculopathy versus peripheral nerve entrapment given objective findings of extremity sensory impairment. Lumbar medial branch blocks would be considered following the review of imaging studies. On 01/02/2015, Utilization Review non-certified Electromyography of the bilateral lower extremities, Nerve Conduction Velocity Studies of the bilateral lower extremities, MRI of the lumbar spine, x-ray series lumbar spine with lateral flexion and extension views and possible diagnostic lumbar medial branch blocks. According to the Utilization Review (UR) physician, the claimant was injured more than six years ago and she has been permanently disabled for nearly 4 years. UR stated the provider did not include any documentation of past diagnostic tests and it is not known if any or all of the requested items have been recently provided, and noted that the injured worker has been deemed permanently disabled it is not clear how these tests will result in a change in therapy and lead to functional improvement and a return to work. UR noted that the request for facet injections was based on radiographic findings not on clinical grounds and therefore was denied. Guidelines cited by UR included CA MTUS ACOEM Electromyography/Nerve Conduction Velocity Studies bilateral lower extremities, lumbar MRI, lumbar x-rays and Chapter 12 page 300 regarding Low Back Complaints Invasive Techniques. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation ODG low back chapter: EMGs (electromyography)

Decision rationale: The ACOEM states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. According to the provider, the injured worker's history and physical examination was consistent with chronic lower back pain, sprain/strain, lumbar facet syndrome, and possible lumbar radiculopathy. Physical findings did not clearly demonstrate a specific dermatomal pattern of findings to unequivocally substantiate radiculopathy, as there were different bilateral findings. The documentation does support a prior trial of conservative therapy. For these reasons, the request for EMG of the bilateral lower extremities is medically necessary.

NCS bilateral 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 ODG low back chapter: nerve conduction studies (NCS)

Decision rationale: The ODG states that nerve conduction studies for the low back are not recommended, noting that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Electromyography (EMG) is recommended as an option to obtain unequivocal evidence of radiculopathy after one month of conservative therapy. The injured worker had findings consistent with the possibility of radiculopathy, and EMG has been determined to be medically necessary. As the ODG does not recommend nerve conduction studies for the low back in addition to the EMG, the request for nerve conduction studies of the bilateral lower extremities is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

Decision rationale: The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. According to the provider, the injured worker's history and physical examination was consistent with chronic lower back pain, sprain/strain, lumbar facet syndrome, and possible lumbar radiculopathy. Physical findings did not clearly demonstrate a specific dermatomal pattern of findings to unequivocally substantiate radiculopathy, as there were different bilateral findings. There was no documentation of suspicion of cauda equina syndrome, tumor, infection, or fracture. The physical findings were equivocal, and electrodiagnostic studies had not yet been performed. For these reasons, the request for MRI of the lumbar spine is not medically necessary.

X-ray series L/S with lateral flexion and extension views: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Acupuncture Treatment Guidelines.

Decision rationale: The MTUS states that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks, but that it may be appropriate when the physician believes it would aid in pain management. According to the provider, the injured worker's history and physical examination was consistent with chronic lower back pain, sprain/strain, lumbar facet syndrome, and possible lumbar radiculopathy. The provider documented that the indication for the x-ray series was to assess further anatomic pathology and to rule out instability of the spine, but there was no documentation of recent trauma or findings consistent with spinal instability. No red flags for serious spinal pathology were documented. Prior imaging in the form of magnetic resonance imaging was documented, but the specific results were not provided. For these reasons, the request for X-ray series L/S with lateral flexion and extension views is not medically necessary.

Possible diagnostic lumbar medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ODG low back chapter: facet joint injections

Decision rationale: Per the ACOEM low back chapter, facet joint injections are of questionable merit, but many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per table 12-8 in the ACOEM low back chapter, facet joint injections are categorized as not recommended due to limited research-based evidence. The ODG notes that no more than one set of medial branch diagnostic blocks are recommended prior to facet neurotomy, and that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The ODG notes criteria for use of diagnostic facet joint blocks include limiting use to patients with low back pain that is non-radicular and at no more than two levels bilaterally, documentation of failure of conservative treatment including home exercise, physical therapy, and nonsteroidal anti-inflammatory medication prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels injected at one session. The request for possible diagnostic lumbar medial branch blocks was not sufficiently specific; no level or levels to be injected were specified, and the ODG criteria state that no more than 2 facet joint levels should be injected at one session. In addition, the documentation indicated that the low back pain was possibly radicular in nature. The request for possible diagnostic lumbar medial branch blocks is not medically necessary.