

<b>Case Number:</b>	CM15-0101681		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 52 year old woman sustained an industrial injury on 6/19/2009. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 7/18/2009. Diagnoses include dysthymic disorder, degeneration of lumbosacral intervertebral disc, malaise and fatigue, myalgia and myositis, disturbance of skin sensation, pain in limb, disorders of the sacrum, lumbago, and sprain of the back. Treatment has included oral and topical medications, psychological therapy, and aquatic therapy. Physician notes dated 1/26/2015 show complaints of continued chronic low back pain with radiation to the left lower extremity rated 7/10 without medications. Recommendations include continue home exercise program and stretching, TENS unit, additional aquatic therapy, massage therapy, updated lumbar spine MRI, Flexeril, Lidoderm patches, topical compound for neuropathic pain with anti-inflammatory, topical analgesic, follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Sacroiliac Joint Injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis: Sacroiliac Joint Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

**Decision rationale:** The requested Bilateral Sacroiliac Joint Injections is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks, note criteria for such injections as "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management." The injured worker has continued chronic low back pain with radiation to the left lower extremity rated 7/10 without medications. The treating physician has not documented three physical exam criteria for sacroiliac dysfunction nor failed trials of aggressive conservative therapy of the sacroiliac joint. The criteria noted above not having been met, Bilateral Sacroiliac Joint Injections is not medically necessary.

**In-Office EMG/NCV Bilateral Lower Extremity:** Upheld

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

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

**Decision rationale:** The requested In-Office EMG/NCV Bilateral Lower Extremity is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has continued chronic low back pain with radiation to the left lower extremity rated 7/10 without medications. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg-raising test or deficits in dermatomal sensation, reflexes or muscle strength. The treating physician has not documented an acute clinical change since the date of previous electrodiagnostic testing. The criteria noted above not having been met, In-Office EMG/NCV Bilateral Lower Extremity is not medically necessary.