MAXIMUS Federal Services

Case Number:	CM15-0169561		
Date Assigned:	09/10/2015	Date of Injury:	05/08/2002
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 is a 42 year old male with a date of injury on 5-8-2002. A review of the medical records indicates that the injured worker is undergoing treatment for L4-L5 and L5-S1 facet arthropathy, L4-5 and L5-S1 disc degeneration, L4-5 and L5-S1 stenosis, chronic lumbago and right leg radiculopathy. Medical records (6-1-2015 to 8-4-2015) indicate ongoing low back pain which radiated down the right more than the left lower extremity rated at seven out of ten with medication and nine out of ten without medication. Per the treating physician (8-4-2015), the employee was to be taken off work. The physical exam (6-1-2015 to 8-4-2015) reveals tenderness to palpation of the lumbar paravertebral muscles bilaterally. Facet loading was positive. The injured worker had decreased, painful lumbar range of motion. Straight leg raise was positive in the bilateral lower extremities, worse on the right than on the left. Treatment has included surgery, physical therapy, chiropractic treatment, magnetic resonance imaging (MRI), facet rhizotomy and pain medications. The injured worker underwent right S1 selective nerve root block on 7-6-2015 with no relief of his symptoms. The original Utilization Review (UR) (8-19-2015) non-certified requests for electromyography (EMG)-nerve conduction velocity (NCV) of the bilateral lower extremities and left S1 joint selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the claimant's prior MRI does not indicate nerve root impingement or compression, but physical findings indicate sensory change in the lower extremities as well as pain. The request to perform an EMG. NCV is medically necessary to clarify the differences in findings.

Left SI selective nerve root block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter and pg 36.

Decision rationale: According to the guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. According to the guidelines, intrarticular hip injections are under study for hip osteoarthritis but it is recommended as a short term option for hip bursitis and should be performed under fluoroscopy. In this case, the

claimant has undergone prior blocks and rhizotomies. There was no indication for bursitis. The ACOEM guidelines do not support invasive procedures due to their short term benefit. The request for the SI block is not medically necessary.