

Case Number:	CM15-0204393		
Date Assigned:	10/21/2015	Date of Injury:	06/23/2009
Decision Date:	12/03/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 55-year-old female who sustained an industrial injury on 6/23/09. Injury occurred while working as a cook and lifted a 20-25 pound box off a table to put it underneath. Past surgical history was positive for anterior lumbar interbody fusion at L4-S1 on 9/7/10. The 2/26/15 lumbar spine MRI impression showed no interval change from 10/11/13. There was no disc herniation, spinal stenosis, or foraminal compromise at any level. There was no neural impingement. There was an intact interbody fusion at L4/5 and L5/S1 with no evidence of post-operative arachnoiditis. There was facet arthropathy at L5/S1 bilaterally which could be a pain source. She underwent left L3, L4, and L5 medial branch blocks on 7/28/15. The 8/19/15 treating physician report indicated that the injured worker had undergone bilateral lumbar medial branch blocks at L3, L4, and L5 with 100% on the left side for 3 to 4 days, and less effective on the right. Physical exam documented normal gait, no assistive device, bilateral paravertebral muscle tenderness, marked left trochanteric bursa tenderness, pain with lumbar flexion and extension, positive bilateral lumbar facet loading, and positive bilateral straight leg raise. A corticosteroid injection was preferred to the left trochanteric bursa. Her symptoms and physical exam suggested a combination of lumbar radiculitis, primarily along the L3 and L4 distributions. She had pain and tenderness along the left trochanteric bursa which may involve the L5 nerve distribution. The treatment plan recommended physical therapy and left radiofrequency ablation. A pain fiber nerve conduction study was recommended to evaluation for lumbar radiculopathy. The 9/16/15 treating physician report cited grade 8/10 pain, unchanged from prior visit. Physical exam was unchanged from 8/19/15. Authorization was requested lumbar radiofrequency ablation left L3, L4, and L5, and a pain fiber nerve conduction study. The 9/29/15 utilization review

certified the request for radiofrequency ablation-rhizotomy left L3, L4, and L5. The request for a pain fiber nerve conduction study was non-certified as not supported by guidelines for evaluation of lumbar radiculopathy and considered experimental by experts in the field.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain fiber: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic: Nerve conduction studies (NCS); Sensory nerve conduction threshold (sNCT) device; Current perception threshold (CPT) testing.

Decision rationale: The California MTUS guidelines generally support the use of EMG, including H-reflex testing, for evaluation of lumbar radiculopathy when not clinically obvious. The Official Disability Guidelines do not recommend nerve conduction studies for patients with low back complaints and state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Sensory nerve conduction threshold (VSNCT) testing is also not recommended. This injured worker presents with low back pain with symptoms of lumbar radiculitis primarily along the L3 and L4 distributions. There are no focal neurologic signs documented on clinical exam. There is no imaging evidence of neurocompressive pathology. There is no compelling rationale to support the medical necessity of pain fiber nerve conduction studies in the absence of a focal neurologic deficit and over standard electrodiagnostic testing for evaluation of lumbar radiculopathy. Therefore, this request is not medically necessary.