

<b>Case Number:</b>	CM15-0029815		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Physical Medicine & Rehabilitation

### 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 injured worker was a 50 year old male, who sustained an industrial injury, September 6, 2013. The injury was sustained when the injured worker was climbing a ladder and was blinded by a metal sheet that caused the injured worker to fall backwards landing initially on the feet, than falling backwards striking the low back. According to progress note of November 24, 2014, the injured workers chief complaint was lower back pain with radiating pain down the right leg accompanied with numbness extending into the ankle region. The injured worker rated the pain at 7 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted slight to moderate tenderness of the upper lumbar as well as soreness and tenderness of the lower right paralumbar and right sciatic outlet. The injured worker's flexion was 50 degrees, extension 20 degrees with pain. The sciatic testing was negative. The injured worker was diagnosed with slight compression fracture at L1 vertebra, lumbar radiculopathy, low back pain and right level out lumbar disc herniation. The injured worker previously received the following treatments X-rays of the lumbar spine and Tylenol for pain. On November 24, 2014, the primary treating physician requested authorization for S1 joint injection, right under ultrasound guidance, MRI of the lumbar spine, EMG/NCS (electromyography and nerve conduction studies) of the lower extremities and physical therapy 2 visits times 6 weeks to the lumbar spine. On January 15, 2015, the Utilization Review denied authorization for S1 joint injection, right under ultrasound guidance, MRI of the lumbar spine, EMG/NCS (electromyography and nerve conduction studies) of the lower extremities and physical therapy 2 visits times 6 weeks to the lumbar spine. The denial was based on the MTUS/ACOEM and ODG guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right SI joint injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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 Hip and Pelvis Chapter, Sacroiliac Joint blocks.

**Decision rationale:** Based on the 11/24/14 progress report, the patient presents with low back pain with radiating pain down the right leg accompanied with numbness extending into the ankle region, rated 7/10. The request is for SI JOINT INJECTION. Patient's diagnosis per RFA dated 12/04/14 includes Lumbar disc degeneration, lumbar radiculopathy and lumbar sprain/strain. physical examination revealed slight to moderate tenderness of the upper lumbar as well as soreness and tenderness of the lower right paralumbar and right sciatic outlet. The injured worker's flexion was 50 degrees, extension 20 degrees with pain. The patient is temporarily totally disabled. ODG-TWC, Hip and Pelvis Chapter states: "Sacroiliac Joint blocks: Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Per treater report dated 11/24/14, treater states, "due to significant tenderness in the region of the right sacroiliac joint which seems to be part of his problem, I recommend local injection to this area with combination of steroid and Xylocaine." ODG guidelines require at least 3 positive SI joint maneuvers upon physical exam, for a sacroiliac joint injection. Such documentation is not provided. Therefore, the request IS NOT medically necessary.

### **Repeat MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, MRIs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Based on the 11/24/14 progress report, the patient presents with low back pain with radiating pain down the right leg accompanied with numbness extending into the ankle region, rated 7/10. The request is for a MRI LUMBAR. Patient's diagnosis per RFA dated 12/04/14 includes lumbar disc degeneration, lumbar radiculopathy and lumbar sprain/strain. Physical examination revealed slight to moderate tenderness of the upper lumbar as well as soreness and tenderness of the lower right paralumbar and right sciatic outlet. The injured worker's flexion was 50 degrees, extension 20 degrees with pain. The patient is temporarily

totally disabled. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, " Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)". Per treater report dated 11/24/14 treater states, "I strongly recommend additional diagnostic testing, including EMG and nerve conduction study of the lower extremities as well as a repeat MRI scan of the lumbar spine." The patient's prior MRI was completed on 12/11/13. However, according to ODG guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. Therefore, the request IS NOT medically necessary.

**EMG/NCS of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, EMG and NCS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)' Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)'.

**Decision rationale:** Based on the 11/24/14 progress report, the patient presents with low back pain with radiating pain down the right leg accompanied with numbness extending into the ankle region, rated 7/10. The request is for EMG/NCS BILATERAL LOWER EXTREMITIES. Patient's diagnosis per RFA dated 12/04/14 includes Lumbar disc degeneration, lumbar radiculopathy and lumbar sprain/strain. Physical examination revealed slight to moderate tenderness of the upper lumbar as well as soreness and tenderness of the lower right paralumbar and right sciatic outlet. The injured worker's flexion was 50 degrees, extension 20 degrees with pain. The patient is temporarily totally disabled. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." Per treater report dated 11/24/14 treater states, "I strongly recommend additional diagnostic testing, including EMG and nerve conduction study of the lower extremities as well as a repeat MRI scan of the lumbar spine." While EMG may be appropriate if not done in the past, ODG guidelines do not support NCV studies if leg symptoms are presumed to be coming from the lumbar spine. The treater is concerned about radiating

symptoms into the legs, and there is no concern for peripheral neuropathy to consider NCV studies. The request IS NOT medically necessary.

**Physical therapy 2 x 6 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** Based on the 11/24/14 progress report, the patient presents with low back pain with radiating pain down the right leg accompanied with numbness extending into the ankle region, rated 7/10. The request is for PT 2x6 LUMBAR. Patient's diagnosis per RFA dated 12/04/14 includes Lumbar disc degeneration, lumbar radiculopathy and lumbar sprain/strain. Physical examination revealed slight to moderate tenderness of the upper lumbar as well as soreness and tenderness of the lower right paralumbar and right sciatic outlet. The injured worker's flexion was 50 degrees, extension 20 degrees with pain. The patient is temporarily totally disabled. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided a reason for the request. In the medical records provided there is no documentation of previous physical therapy. Given patient's diagnosis, a short course of physical therapy would be indicated. However, MTUS states, "For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Therefore, the request for 12 exceeds guideline recommendations and IS NOT medically necessary.