

<b>Case Number:</b>	CM15-0083993		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	03/06/2006
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 37-year-old male, who sustained an industrial injury on March 6, 2006. He reported that while stacking totes on a pallet he felt a sharp pain in his low back. The injured worker was diagnosed as having status post lumbar fusion, lumbago, cervical radiculopathy, and possible pseudoarthritis. Treatment to date has included electromyography (EMG)/nerve conduction study (NCS), x-rays, physical therapy, lumbar epidural injections, acupuncture, lumbar fusion, lumbar support, MRI, pool therapy, and medication. Currently, the injured worker complains of pain in the lower back with pain radiating to the buttocks and right posterior hamstring, right calf, and right foot, with numbness in the right leg and foot. The Primary Treating Physician's report dated March 16, 2015, noted the injured worker presented following a hardware block injection, noting increased pain. The injured worker's lower back pain was rated as an 8/10 on a pain scale. The injured worker's current medications were listed as Soma, Norco, Dulcolax, Ambien, and Zantac. Physical examination was noted to show the lumbar spine with pain recreated over the hardware with palpation and flexion and extension limited due to pain in the lumbosacral region. The sensory examination was noted to show diminished sensation to light touch and pinprick over the lateral calf on the right. The treatment plan was noted to include request for authorization for a selective nerve root block at right L5-S1, an electromyography (EMG)/nerve conduction velocity (NCV) study of the bilateral lower extremities, and lumbar spine x-rays with AP/Lateral/Flexion/Extension views.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective nerve root block at right L5-S1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic.

**Decision rationale:** The claimant sustained a work injury in March 2006 and continued to be treated for low back pain. He has undergone a lumbar spine fusion with possible pseudoarthrosis and failure of hardware. He underwent a diagnostic hardware block, which was negative diagnostically and had increased low back pain and was having radiating pain into the right lower extremity. When seen, pain was rated at 8/10. There was decreased spinal range of motion with bilateral lower extremity weakness and decreased right lower extremity sensation. The right ankle reflex was absent. Recommendations included a diagnostic selective nerve root block at the L5-S1 level and EMG/NCS testing. Case notes reference that EMG/NCS testing had previously been done. A diagnostic epidural steroid injection (also referred to as selective nerve root blocks) were originally developed as a diagnostic technique to determine the level of radicular pain. Criteria include cases where diagnostic imaging is ambiguous, to help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies, to help to determine pain generators when there is evidence of multi-level nerve root compression, to help to determine pain generators when clinical findings are consistent with radiculopathy but imaging studies are inconclusive, and to help to identify the origin of pain in patients who have had previous spinal surgery. In this case, the claimant has ongoing radicular symptoms and findings of radiculopathy and had not responded to a previous hardware diagnostic block. The requesting provider indicated that the block would be done at the right L5- S1 level which would be intended to block the right L5 nerve, consistent with the claimant's clinical findings. The request was therefore medically necessary.

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM: Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant sustained a work injury in March 2006 and continued to be treated for low back pain. He has undergone a lumbar spine fusion with possible pseudoarthrosis and failure of hardware. He underwent a diagnostic hardware block, which was negative diagnostically, had increased low back pain, and was having radiating pain into the right lower extremity. When seen, pain was rated at 8/10. There was decreased spinal range of motion with bilateral lower extremity weakness and decreased right lower extremity sensation. The right ankle reflex was absent. Recommendations included a diagnostic selective nerve root block at the L5-S1 level and EMG/NCS testing. Case notes reference that

EMG/NCS testing had previously been done. Indications for repeat testing include the following: (1) The development of a new set of symptoms; (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive; (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome); (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis; (5) When there is an unexpected course or change in course of a disease and; (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing and none of the above indications is present. Repeat testing is not medically necessary.