

<b>Case Number:</b>	CM15-0110311		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	05/08/2002
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 is a 41-year-old male, who sustained an industrial injury on 5/8/02. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic lumbago; right leg radiculopathy; status post laminectomy; L4-5 and L5-S1 facet arthropathy, disc degeneration and stenosis at L4-5 and L5-S1. Treatment to date has included status post L5-S1 laminectomy discectomy for right leg sciatica (3/22/07); status post RFA bilateral L4, L5 and S1 (11/26/12). Diagnostics included .MRI lumbar spine (1/13/15); X-ray lumbar spine (1/13/15). Currently, the PR-2 notes dated 4/27/15 indicated the injured worker complains of left lumbar paraspinal pain at the L4-5 and L5-S1 region, with radiation to the buttocks and posterior thighs mainly and rarely below the knees. He rates his pain as 8/10 with medications and increases to 10/10 without. Currently, medications prescribed are listed as: Valium 10mg, Celebrex 200mg and Vicodin 5/300mg. The physical examination notes lumbar spine and lower extremities. The injured worker walks with a normal gait with normal heel-toe swing-through gait with no evidence of a limp. On palpation, there is minimal palpable tenderness over the left lumbar paraspinal musculature. Vascular notes document dorsalis pedis, posterior tibial pulses are present. He has a decreased sensation over the right S1 dermatome distribution. The injured worker is a status post L5-S1 laminectomy discectomy for right leg sciatica (3/22/07); status post RFA bilateral L4, L5 and S1 (11/26/12). The provider documents a MRI scan of the lumbar spine impression: moderate disc height loss and disc bulge causing narrowing of the spinal canal, moderate lateral recess and moderate central at L4-5 and L5-S1. X-rays of the lumbar spine on 2/23/15 note 6 views and reviewed by this provider. The x-ray reveals moderate disc height loss L4-5; moderate facet arthropathy L4-5 and L5-S1 and no instability and no fracture. The provider notes leg pain is worse with sitting radiating down the posterior thighs through the calves and to his heels. His symptoms are mainly S1 distribution and recent MRI scan shows

lateral recess stenosis. The back and leg pain are noted as currently equally as bad. He has had a previous radiofrequency ablation, which last 14 months. He relates this type of service was denied due to radiculopathy, the provider is requesting an EMG/NCV to confirm the radiculopathy and treat his radiculopathy with bilateral S1 selective nerve root blocks to determine the degree of radiculopathy and to confirm the source of his leg pain. The provider is requesting authorization of Bilateral S1 selective nerve root block and EMG/NCV of the upper extremities.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral S-1 Selective Nerve Root Block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Epidural steroid injections, diagnostic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** Based on the 04/27/15 progress report provided by treating physician, the patient presents with left lumbar paraspinal pain at L4-5 and L5-S1 region, with radiation to the buttocks and posterior thighs, rated 8/10 with and 10/10 without medications. The patient is status post lumbar laminectomy 03/22/07. The request is for BILATERAL S-1 SELECTIVE NERVE ROOT BLOCK. Patient's diagnosis per Request for Authorization form dated 04/27/15 includes L4-5 and L5-S1 facet arthropathy, L4-5 and L5-S1 disc degeneration, L4-5 and L5-S1 stenosis, chronic lumbago, and right leg radiculopathy. Treatment to date included surgery, imaging studies, radiofrequency ablation, and medications. Patient's medications include Vicodin, Celebrex and Valium. The patient remains permanent and stationary, per 04/27/15 report. Treatment reports were provided from 06/17/09 - 04/27/15. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing." In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants.)" ODG guidelines Low back Chapter states as "diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed, in part, as a diagnostic technique to determine the level of radicular pain." ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and

enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor. (Manchikanti, 2012)" Per 04/27/15 report, treater states the patient's "symptoms are mainly in an S1 distribution, and recent MRI scan showed lateral recess stenosis. He has back pain and leg pain... He had a good result with a previous radiofrequency ablation, which lasted approximately 14 months. Based upon this, I recommend repeat radiofrequency ablations. These have been denied due to radiculopathy. Based upon his symptoms of radiculopathy, for which the facet rhizotomies were denied, I will request authorization for an EMG/NCV to confirm radiculopathy, and I would recommend treating his radiculopathy with bilateral S1 selective nerve root blocks to determine the degree of radiculopathy to confirm the source of his leg pain." Physical examination on 04/27/15 revealed normal gait and minimal tenderness to palpation to paravertebral muscles. Decreased sensation noted over the RIGHT S1 dermatome distribution. MRI of the lumbar spine dated 03/27/12 states "L5-S1: Right hemilaminectomy. Broad based central/right paracentral disc protrusion with associated annular enhancement. Right lateral recess narrowing may impinge the transversing right S1 nerve root. Mild bilateral neural foraminal narrowing." MRI of the lumbar spine dated 01/13/15 states "At L5-S1...There is mild LEFT and moderate RIGHT facet hypertrophy. There is mild central canal narrowing with what appears to be epidural fibrosis on the right." The patient presents with low back pain, radicular LEFT leg symptoms, and MRI of the lumbar spine demonstrating "mild central canal narrowing" at L5-S1. Given patient's symptoms and imaging study, a nerve root block would appear to be indicated. In this case, physical examination supports radicular symptoms to LEFT leg, and MRI corroborates LEFT leg radiculopathy. However, BILATERAL injection would not be indicated; since the patient does not have documented BILATERAL leg symptoms, nor BILATERAL supporting physical examination findings. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Furthermore, the patient is status post lumbar laminectomy; and ODG does not recommend postoperative lumbar ESI. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

### **EMG/NCV of the Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Electromyography (EMG), Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** Based on the 04/27/15 progress report provided by treating physician, the patient presents with left lumbar paraspinal pain at L4-5 and L5-S1 region, with radiation to the buttocks and posterior thighs, rated 8/10 with and 10/10 without medications. The patient is status post lumbar laminectomy 03/22/07. The request is for EMG/NCV OF THE UPPER EXTREMITIES. Patient's diagnosis per Request for Authorization form dated 04/27/15 includes L4-5 and L5-S1 facet arthropathy, L4-5 and L5-S1 disc degeneration, L4-5 and L5-S1 stenosis, chronic lumbago, and right leg radiculopathy. Physical examination on 04/27/15 revealed normal

gait and minimal tenderness to palpation to paravertebral muscles. Decreased sensation noted over the right S1 dermatome distribution. MRI of the lumbar spine dated 03/27/12 states "L5-S1: Right hemilaminectomy. Broad based central/right paracentral disc protrusion with associated annular enhancement. Right lateral recess narrowing may impinge the transversing right S1 nerve root. Mild bilateral neural foraminal narrowing." MRI of the lumbar spine dated 01/13/15 states "At L5-S1...There is mild left and moderate right facet hypertrophy. There is mild central canal narrowing with what appears to be epidural fibrosis on the right." Treatment to date included surgery, imaging studies, radiofrequency ablation, and medications. Patient's medications include Vicodin, Celebrex and Valium. The patient remains permanent and stationary, per 04/27/15 report. Treatment reports were provided from 06/17/09 - 04/27/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electro diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater has not provided medical rationale for the request. Per 04/27/15 report, treater states the patient's "symptoms are mainly in an S1 distribution, and recent MRI scan showed lateral recess stenosis. He has back pain and leg pain... He had a good result with a previous radiofrequency ablation, which lasted approximately 14 months. Based upon this, I recommend repeat radiofrequency ablations. These have been denied due to radiculopathy. Based upon his symptoms of radiculopathy, for which the facet rhizotomies were denied, I will request authorization for an EMG/NCV to confirm radiculopathy..." In this case, treater does not provide diagnosis, physical examination findings, nor discussion of cervical or arm symptoms to warrant electro diagnostic studies to the upper extremities. Therefore, the request IS NOT medically necessary.