

<b>Case Number:</b>	CM15-0037875		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	07/21/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 51-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 21, 2012. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve requests for a sacroiliac joint injection and electrodiagnostic testing of the lower extremities. The claims administrator referenced a December 16, 2014 RFA form and associated progress note in its determination. The applicant's attorney subsequently appealed. On December 16, 2014, the applicant reported persistent complaints of low back pain radiating into the left thigh and left calf, 8/10. The applicant was using Norco and Soma for pain relief. Hyposensorium was noted about the left leg on exam. The applicant had undergone an earlier L4-S1 fusion surgery, it was noted. A pain management consultation and left SI joint injection were proposed, along with electrodiagnostic testing of the bilateral lower extremities. The attending provider stated that the electrodiagnostic testing of the lower extremities was being sought to evaluate left leg radicular pain complaints. X-rays of the lumbar spine dated December 16, 2014 were notable for a solid fusion through the L4-S1 levels. In a separate progress note dated December 17, 2014, the applicant was described as having had electrodiagnostic testing of September 11, 2014 demonstrating findings suggestive of a left L5-S1 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left sacroiliac joint radiofrequency ablation QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) regarding Hip & Pelvis -Acute & Chronic (updated 10/09/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Low Back Treatments Injection Therapies Sacroiliac Joint Injections.

**Decision rationale:** No, the request for left sacroiliac joint radiofrequency ablation procedure was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that sacroiliac joint injections should be reserved for applicants with some rheumatologically proven spondyloarthropathy implicating the sacroiliac joints. ACOEM notes that sacroiliac joint injections are not recommended in applicants with chronic nonspecific low back pain or in applicants with radiculopathy. Here, the applicant's primary operating diagnosis does, in fact, appear to be residual lumbar radiculopathy status post earlier failed lumbar spine surgery. Sacroiliac joint radiofrequency ablation therapy, thus, is not indicated in the clinical context present here. Therefore, the request was not medically necessary.

**Needle electromyography; 2 extremities QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG regarding Lumbar & Thoracic- Acute & Chronic (updated 01/30/15).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** Similarly, the request for needle electromyography of the bilateral lower extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is not recommended in applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant already carries an operating diagnosis of lumbar radiculopathy status post multilevel lumbar fusion surgery. Earlier electrodiagnostic testing of September 11, 2014 was in fact suggestive of a left L5-S1 radiculopathy. Thus, the applicant already has a well-established, electrodiagnostically-confirmed diagnosis of lumbar radiculopathy, seemingly obviating the need for further electrodiagnostic testing. Therefore, the request was not medically necessary.

**Motor Nerve conduction studies (NCS) of the lower extremities QTY: 2.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG regarding Lumbar & Thoracic- Acute & Chronic (updated 01/30/15).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** Similarly, the request for motor nerve conduction testing of the lower extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies such as the nerve conduction testing at issue here are not recommended barring some clinical evidence of a tarsal tunnel syndrome or entrapment neuropathy. Here, however, there was no mention of the applicant's having a suspected lower extremity peripheral neuropathy, entrapment neuropathy, tarsal tunnel syndrome, generalized peripheral neuropathy, diabetic neuropathy, etc. Rather, all evidence on file pointed to the applicant's carrying a diagnosis of clinically-evident, electrodiagnostically-confirmed left L5-S1 lumbar radiculopathy, seemingly obviating the need for the nerve conduction testing at issue. Therefore, the request was not medically necessary.

**Sensory NCS of the lower extremities, QTY: 2.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG regarding Lumbar & Thoracic- Acute & Chronic (updated 01/30/15).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 377.

**Decision rationale:** Finally, the request for sensory nerve conduction testing of the bilateral lower extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies are not recommended for routine foot, ankle, and/or leg problems without compelling clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there was no mention of the applicant's having issues with a suspected tarsal tunnel syndrome, entrapment neuropathy, generalized lower extremity neuropathy, diabetic neuropathy, etc. Rather, all evidence on file pointed to the applicant's already carrying a well-established diagnosis of clinically-evident, electrodiagnostically-confirmed lumbar radiculopathy status post earlier multilevel lumbar fusion surgery, seemingly obviating the need for the nerve conduction testing at issue. Therefore, the request was not medically necessary.