

<b>Case Number:</b>	CM15-0069897		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	11/09/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 47 year old male, who sustained an industrial injury on 11/09/2013. Diagnoses include mild lumbar disc degeneration. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), medications and injections. Per the Neurosurgical Evaluation Report dated 3/03/2015, the injured worker reported constant pain in the middle and lower back with radiation into the left leg. His average pain is rated as 6/10 in severity. At its worst the pain is 10/10 and at its best the pain is 5/10 with medications. Physical examination of the cervical spine revealed tenderness at the cervico-thoracic junction. Cervical ranges of motion were restricted in all planes. Thoracic spine evaluation revealed tenderness in the lower thoracic region. Lumbar spine evaluation revealed tenderness in the upper and lower lumbar region and over the L5-S1 facet joint. There was positive sacroiliac tenderness. Extension was restricted with pain in the L5-S1 region and left and right rotation was reduced. Sensation, Reflexes, Walking gait, tandem, toe and heel walking were intact. There was a positive left straight leg raise. The plan of care included diagnostic testing and authorization was requested for a left L4-5 and L5-S1 facet block for diagnostic purpose and EMG (electromyography)/NCV (nerve conduction studies) of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-L5 and L5-S1 facet block injection for diagnostic purposes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint diagnostic blocks (injections).

**Decision rationale:** Left L4-L5 and L5-S1 facet block injections for diagnostic purposes are not medically necessary per the MTUS Chronic Pain and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and no more than 2 levels. The physical exam findings are radicular in nature therefore the request for a left L4-5 and L5-S1 facet blocks are not medically necessary.

**EMG/NCV of the lower extremities:** 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).

**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- Electrodiagnostic studies (EDS).

**Decision rationale:** EMG/NCV of the lower extremities is not medically necessary per the MTUS and the ODG Guidelines. The patient has primarily left leg symptoms rather than bilateral lower extremity symptoms. The MTUS states that when the neurologic examination is less clear further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that (NCS) are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back. The documentation does not indicate that the patient has findings suggestive of peripheral polyneuropathy or peripheral entrapment/compression neuropathy, which would require NCV testing. The documentation indicates that the patient has low back/radicular symptoms for which the ODG states that NCS is not recommended and EMG is an option. Furthermore, the request for BLE testing is not necessary, as the patient primary has left leg symptoms. For all of these reasons the patient does not require and it is not medically necessary to have an EMG/NCV of the lower extremities.