

Case Number:	CM15-0090824		
Date Assigned:	05/15/2015	Date of Injury:	03/30/2014
Decision Date:	09/22/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/11/2015

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 27 year old male, who sustained an industrial injury on March 30, 2014. He reported low back pain. The injured worker was diagnosed as having chronic low back pain, lumbosacral radiculopathy with paresthesias and numbness in the lower extremities, and lumbar sprain/strain, unspecified. Diagnostic studies to date have included an MRI. Treatment to date has included chiropractic therapy, physical therapy, a home exercise program, work modifications, cognitive behavior therapy, and medications including topical pain, cannabinoid, muscle relaxant, anti-epilepsy, steroid, antidepressant, and non-steroidal anti-inflammatory. On April 17, 2015, the treating physician noted the injured worker's sleep and neuralgia have improved with the use of his antidepressant and anti-epilepsy medications. The injured worker reported the cognitive behavior therapy was helpful in decreasing his pain induced depression and increasing his cognitive abilities to manage his pain. The injured worker has pain over the left facet with back extension and numbness in his legs. The physical exam revealed weakness bilaterally when balancing on one leg, inability to hop bilaterally, and guarded mounting of the exam table. There was continuous fidgeting while seated and complaining of lower back pain. There was decreased lumbar range of motion, tenderness at lumbar 4 with deep pressure, bilateral muscle spasms - greater on the right than the left, bilateral sacroiliac joint and notch tenderness, and normal muscle strength of the bilateral lower extremities, except for the left knee extensors was decreased. There was decreased sensation of the left lumbar 5 and bilateral sacral 1 nerve distribution. The treatment plan includes trigger point injection into the right and left lumbar muscles and electromyography/ nerve conduction study of the lumbar spine nerve

root innervated muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection into right lumbar muscles Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Trigger Point Injections.

Decision rationale: This patient presents with low back pain, with weakness, paresthesia and numbness in the lower extremities. The current request is for Trigger point injection into right lumbar muscles Qty: 12. The RFA is dated 04/17/15. Treatment to date has included chiropractic therapy, physical therapy, a home exercise program, work modifications, cognitive behavior therapy, and medications. ODG under the Pain chapter, regarding Trigger Point Injections, has the following: "Recommended for myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality... Criteria for the use of TPIs: TPIs with a local anesthetic may be recommended for the treatment of myofascial pain syndrome when all of the following criteria are met: 1. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2. Symptoms have persisted for more than three months..." According to progress report 04/17/15, the patient complains of "pain over the left facet with back extension and numbness in the legs." The physical exam revealed weakness in the bilateral legs, inability to hop bilaterally, and guarded mounting of the exam table. There was decreased lumbar range of motion, tenderness at the lumbar spine, bilateral muscle spasms, greater on the right than the left, and bilateral sacroiliac joint and notch tenderness. There was decreased sensation of the left lumbar and bilateral sacral nerve distribution. The treatment plan includes trigger point injection into the right and left lumbar muscles for the treatment of trigger points in the back. Although the treater states that the injections are for trigger points in the back, the associated physical examination does not include documentation of circumscribed trigger points, referred pain, or twitch response. Furthermore, the patient presents with radicular pain which is not indicated for TPIs. Therefore, the request is not medically necessary.

Trigger point injection into left lumbar muscles Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Trigger Point Injections.

Decision rationale: This patient presents with low back pain, with weakness, paresthesia and numbness in the lower extremities. The current request is for Trigger point injection into left lumbar muscles Qty: 12. The RFA is dated 04/17/15. Treatment to date has included chiropractic therapy, physical therapy, a home exercise program, work modifications, cognitive behavior therapy, and medications. ODG under the Pain chapter, regarding Trigger Point Injections, has the following: "Recommended for myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Criteria for the use of TPIs: TPIs with a local anesthetic may be recommended for the treatment of myofascial pain syndrome when all of the following criteria are met: 1. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2. Symptoms have persisted for more than three months." According to progress report 04/17/15, the patient complains of "pain over the left facet with back extension and numbness in the legs." The physical exam revealed weakness in the bilateral legs, inability to hop bilaterally, and guarded mounting of the exam table. There was decreased lumbar range of motion, tenderness at the lumbar spine, bilateral muscle spasms, greater on the right than the left, and bilateral sacroiliac joint and notch tenderness. There was decreased sensation of the left lumbar and bilateral sacral nerve distribution. The treatment plan includes trigger point injection into the right and left lumbar muscles for the treatment of trigger points in the back. Although the treater states that the injections are for trigger points in the back, the associated physical examination does not include documentation of circumscribed trigger points, referred pain, or twitch response. Furthermore, the patient presents with radicular pain which is not indicated for TPIs. Therefore, the request is not medically necessary.

Electromyography left lower extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter under EMG.

Decision rationale: This patient presents with low back pain, with weakness, paresthesia and numbness in the lower extremities. The current request is for Electromyography left lower extremity. The RFA is dated 04/17/15. Treatment to date has included chiropractic therapy, physical therapy, a home exercise program, work modifications, cognitive behavior therapy, and medications. For EMG of the lower extremity, the ACOEM guidelines, Chapter 12, page 303

states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines, under its low back chapter, has the following regarding EMG studies, EMG (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. According to progress report 04/17/15, the patient complains of "pain over the left facet with back extension and numbness in the legs." The physical exam revealed weakness in the bilateral legs, inability to hop bilaterally, and guarded mounting of the exam table. There was decreased lumbar range of motion, tenderness at the lumbar spine, bilateral muscle spasms, greater on the right than the left, and bilateral sacroiliac joint and notch tenderness. There was decreased sensation of the left lumbar and bilateral sacral nerve distribution. The treater is requesting an EMG/NCV "to evaluate the radiating radiculopathy from the lumbar sacral nerve roots." In this case, given the patient's continued complaints of radiating pain into the lower extremity, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. There is no indication that previous EMG of the lower extremity was done. Therefore, the request is medically necessary.

Electromyography right lower extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under EMG.

Decision rationale: This patient presents with low back pain, with weakness, paresthesia and numbness in the lower extremities. The current request is for Electromyography right lower extremity. The RFA is dated 04/17/15. Treatment to date has included chiropractic therapy, physical therapy, a home exercise program, work modifications, cognitive behavior therapy, and medications. For EMG of the lower extremity, the ACOEM guidelines, Chapter 12, page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." ODG Guidelines, under its low back chapter, has the following regarding EMG studies, EMG (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. According to progress report 04/17/15, the patient complains of "pain over the left facet with back extension and numbness in the legs." The physical exam revealed weakness in the bilateral legs, inability to hop bilaterally, and guarded mounting of the exam table. There was decreased lumbar range of motion, tenderness at the lumbar spine, bilateral muscle spasms, greater on the right than the left, and bilateral sacroiliac joint and notch tenderness. There was decreased sensation of the left lumbar and bilateral sacral nerve distribution. The treater is requesting an EMG/NCV "to evaluate the radiating radiculopathy from the lumbar sacral nerve roots." In this case, given the patient's continued complaints of radiating pain into the lower extremity, further diagnostic testing may be useful to obtain unequivocal evidence of

radiculopathy. There is no indication that previous EMG of the lower extremity was done. Therefore, the request is medically necessary.

Nerve conduction studies left lower extremity: 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) Low Back Chapter, under Nerve conduction studies.

Decision rationale: This patient presents with low back pain, with weakness, paresthesia and numbness in the lower extremities. The current request is for Nerve conduction studies left lower extremity. The RFA is dated 04/17/15. Treatment to date has included chiropractic therapy, physical therapy, a home exercise program, work modifications, cognitive behavior therapy, and medications. ACOEM is silent on NCV testing of the lower extremities. ODG guidelines under the Low Back Chapter, regarding Nerve conduction studies states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG guidelines Low Back Chapter for Electrodiagnostic studies (EDS) states, "(NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back." In regard to the request for an NCV study of the left lower extremity, guidelines do not support the use of such diagnostics in the lower extremities if the leg symptoms are presumed to be coming from the lumbar spine. While this patient presents with lower back pain with a neurological component in the left lower extremity, NCV studies are not considered an appropriate diagnostic tool for lower extremity complaints if the radiculopathy is presumed to be originating in the lumbar spine. There are no concurrent conditions other than lumbar radiculopathy for which and NCV could be utilized, either. Therefore, the request is not medically necessary.

Nerve conduction studies right lower extremity: 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) Low Back Chapter, under Nerve conduction studies.

Decision rationale: This patient presents with low back pain, with weakness, paresthesia and numbness in the lower extremities. The current request is for Nerve conduction studies right lower extremity. The RFA is dated 04/17/15. Treatment to date has included chiropractic therapy, physical therapy, a home exercise program, work modifications, cognitive behavior therapy, and medications. ACOEM is silent on NCV testing of the lower extremities. ODG guidelines under the Low Back Chapter, regarding Nerve conduction studies states, "Not

recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG guidelines Low Back Chapter for Electrodiagnostic studies (EDS) states, "(NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back." In regard to the request for an NCV study of the right lower extremity, guidelines do not support the use of such diagnostics in the lower extremities if the leg symptoms are presumed to be coming from the lumbar spine. While this patient presents with lower back pain with a neurological component in the right lower extremity, NCV studies are not considered an appropriate diagnostic tool for lower extremity complaints if the radiculopathy is presumed to be originating in the lumbar spine. There are no concurrent conditions other than lumbar radiculopathy for which and NCV could be utilized, either. Therefore, the request is not medically necessary.