MAXIMUS Federal Services

Case Number:	CM13-0032685		
Date Assigned:	12/11/2013	Date of Injury:	08/04/2010
Decision Date:	04/09/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46-year-old claimant was injured on 08/04/10. The medical records for review documented concern over back pain and the possibility of lower extremity radiculopathy. At the 06/11/13 office visit decreased sensation in the right lower extremity L4 nerve root distribution was documented. An MRI of the lumbar spine was requested and approved. Electrodiagnostics of the bilateral lower extremities were also requested to help workup radiculopathy. A TENS trial was requested to help treat back pain as the claimant had already failed conservative options including medication and therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

one month home-based TENS trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit chronic pain Page(s): 114-116.

Decision rationale: A one month home based TENS trial cannot be certified based upon the records provided in this case and the MTUS Chronic Pain 2009 Guidelines. MTUS Chronic Pain Guidelines support the use of a TENS unit for CRPS neuropathic pain, such as diabetic

neuropathy, spasticity in the setting of spinal cord injuries, complex regional pain syndrome, and phantom limb pain. As this is primarily the case of back and knee pain, a TENS unit cannot be supported in this case.

electromyogram of the right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: EMGs of the right lower extremity cannot be supported in this case based upon on the ACOEM Guidelines. ACOEM Guidelines support obtaining an EMG to identify subtle focal neurologic dysfunction if back pain persists for greater than four weeks. In the case, there are findings of radiculopathy on physical examination. An MRI has been certified to help work this problem up. As there is lumbar radiculopathy, which is clinically obvious, EMG would not be appropriate. Therefore, right lower extremity cannot be certified in this case.

nerve conduction velocity of the right lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter low back: nerve conduction studies

Decision rationale: Nerve conduction velocity test of the right lower extremity cannot be certified in this case based upon the Official Disability Guidelines. CA MTUS ACOEM Guidelines do not address this issue. If one looks towards the Official Disability Guidelines, nerve conduction velocity testing is not appropriate in the lower extremities when evaluating for radiculopathy. Therefore, nerve conduction velocity studies of the right lower extremity cannot be certified in this case.

electromyogram of the left lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: EMG of the left lower extremity would not be considered medically appropriate in this case based upon the ACOEM 2004 Guidelines. Again, as radiculopathy is already obvious on physical examination, an EMG cannot be certified.

nerve conduction velocity of the left lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter low back: nerve conduction studies

Decision rationale: Nerve conduction velocity of the left lower extremity cannot be certified in this case again using the Official Disability Guidelines as the CA MTUS ACOEM Guidelines do not address this request. Nerve conduction velocity testing is not appropriate when working up radiculopathy. Therefore, nerve conduction velocity of the left lower extremity would not be considered medically appropriate in this case.