

Case Number:	CM13-0045307		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2012
Decision Date:	03/24/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 Alaska and Texas. 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:

The patient is a 40-year-old male who reported an injury on 05/17/2012, secondary to a fall. The patient is diagnosed with a left knee meniscal tear, status post arthroscopy, posttraumatic left knee medial compartment osteoarthritis, chronic lumbar strain and chronic left ankle strain. The patient was seen by [REDACTED] on 10/03/2013. The patient reported ongoing lower back pain with radiation to the bilateral lower extremities. Physical examination revealed decreased lumbar range of motion, tenderness to palpation, hypertonicity bilaterally, positive straight leg raise, positive Kemp's testing, 5/5 muscle strength bilaterally and decreased sensation in the L5-S1 nerve distribution. Treatment recommendations included an MRI of the lumbar spine, electrodiagnostic studies of the bilateral lower extremities and a TENS unit for a 30 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

A magnetic resonance imaging (MRI) of the lumbar spine: Upheld

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): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant as to the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormalities. As per the documentation submitted, there is no evidence of thoracic or lumbar spine trauma. There was no documentation of an exhaustion of conservative therapy prior to the request for an imaging study. There were no plain films obtained prior to the request for an MRI. Based on the clinical information received, the request is non-certified.

An electromyogram (EMG) and Nerve Conduction Studies (NCS) of the bilateral lower extremities: Upheld

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): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment prior to the request for an electrodiagnostic study. The patient's physical examination on the requesting date of 10/03/2013 indicated 5/5 motor strength bilaterally with 2+ deep tendon reflexes. Based on the clinical information received, the request is non-certified.

A one (1) month trial of a TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month, home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. There is no documentation of a failure to respond to other appropriate pain modalities. There is also no indication of this patient's active participation in a functional restoration program. There was no treatment plan submitted for review including the specific short and long-term goals of treatment with a TENS unit. Based on the clinical information received, the request is non-certified.