MAXIMUS Federal Services

Case Number:	CM13-0048773		
Date Assigned:	04/04/2014	Date of Injury:	04/10/2013
Decision Date:	07/11/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/06/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in 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 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/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 injured worker is a 32-year-old female who reported an injury on 4/10/13. The mechanism of injury involved heavy lifting. The current diagnosis is lumbar discopathy with right lower extremity radiculopathy versus right greater trochanteric bursitis. The injured worker was evaluated on 9/25/13. Previous conservative treatment includes physical therapy, chiropractic treatment, and acupuncture. The injured worker reported persistent lower back pain with radiation into the right lower extremity. Physical examination revealed tenderness across the iliac crest into the lumbosacral spine, tenderness over the top of the greater trochanteric region, and an overlap of the L4-5 roots and dermatome. X-rays obtained in the office on that date indicated normal findings of the lumbar spine. Treatment recommendations included a muscle stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

MUSCLE STIMULATOR UNIT & SUPPLIES (RENTAL OR PURCHASE): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS guidelines state that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. As per the documentation submitted, the injured worker has participated in physical therapy, chiropractic treatment, and acupuncture. However, there is no documentation of a successful one-month trial prior to the request for a unit purchase. Therefore, the current request is not medically appropriate.

EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM guidelines state that electromyography may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Electromyography is recommended as an option to obtain unequivocal evidence of radiculopathy after one month of conservative therapy. As per the documentation submitted, the injured worker does report persistent lower back pain with radiation into the right lower extremity. Physical examination does reveal pain into the right lower extremity and right lateral thigh area. The injured worker has been previously treated with acupuncture, chiropractic therapy, and physical therapy. However, the medical necessity for an electrodiagnostic study of the bilateral lower extremities has not been established. The injured worker only reports persistent symptoms involving the right lower extremity. As such, the request is not medically necessary.

NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM guidelines state that electromyography may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. The Official Disability Guidelines state nerve conduction studies are not recommended for low back conditions. Electromyography is recommended as an option to obtain unequivocal evidence of radiculopathy after one month of conservative therapy. As per the documentation submitted, the injured worker does report persistent lower back pain with radiation into the right lower extremity. Physical examination does reveal pain into the right lower extremity and right lateral thigh area. The injured worker has been previously treated with acupuncture, chiropractic therapy, and physical therapy. However, the medical necessity for an electrodiagnostic study of the bilateral lower extremities has not been established. The injured

worker only reports persistent symptoms involving the right lower extremity. As such, the request is not medically necessary.

MRI OF THE BILATERAL HIPS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines state that indications for imaging include osseous, articular, or soft tissue abnormalities; osteonecrosis; occult, acute, and stress fractures; acute and chronic soft tissue injuries; or tumors. Exceptions for performing an MRI of the hip include suspected osteoid osteoma or labral tears. As per the documentation submitted, the injured worker's physical examination on the requesting date did not reveal any significant musculoskeletal or neurological deficit. X-rays of the hips obtained in the office on that date indicated normal findings. Therefore, the medical necessity for the requested imaging study has not been established.