

Case Number:	CM14-0013867		
Date Assigned:	02/26/2014	Date of Injury:	06/20/1989
Decision Date:	07/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 70-year-old female who has filed a claim for lumbosacral myoligamentous sprain/strain associated with an industrial injury date of June 20, 1989. Review of progress notes indicates that the patient is morbidly obese who presents with low back pain occasionally radiating down the legs. There was improvement of low back pain and stiffness by about 30% with use of the H-wave unit. Findings include decreased lumbar range of motion, positive straight leg raise test bilaterally, slightly decreased motor strength of the bilateral iliopsoas and quadriceps, and tenderness over the lumbar paraspinals. Mention of MRI of the lumbar spine dated May 01, 1990 showed right-sided disc herniation at L5-S1 compressing the right S1 nerve root. CT of the lumbar spine dated August 18, 1993 showed somewhat narrowed spinal canal, and marked narrowing and degeneration of the L4-5 intervertebral disc with prominent bony ridges nearly filling the left neural foramen. Treatment to date has included physical therapy, TENS, NSAIDs, muscle relaxants, acupuncture, epidural steroid injections, gabapentin, Lidoderm patches, and H-wave. Utilization review from January 16, 2014 denied the requests for EMG/NCV bilateral as the patient is noted to have radiculopathy; H-wave unit as there is no clear discussion regarding use of the H-wave as an adjunctive therapy; and Lidoderm patch 5% #60 as there was no clear indication of localized peripheral pain and failure of first-line options.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG), BILATERAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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, EMGs (electromyography).

Decision rationale: As stated on page 303 of the ACOEM Low Back Guidelines referenced by CA MTUS, EMGs are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs 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. In this case, the patient's symptoms and examination findings point to a radicular pathology. The request also does not specify whether the procedure is for the upper or lower extremities. Therefore, the request for EMG, bilateral is not medically necessary.

NERVE CONDUCTION VELOCITY STUDIES (NCV, NCS), BILATERAL: 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 (ODG) Low Back chapter, Nerve conduction studies (NCS).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient's symptoms and examination findings point to a radicular pathology. Electrodiagnostic testing is not necessary at this time. The request also does not specify whether the procedure is for the upper or lower extremities. Therefore, the request for nerve conduction velocity studies, bilateral is not medically necessary.

DURABLE MEDICAL EQUIPMENT (DME): H-WAVE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Transcutaneous electrotherapy, H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines page(s) 117-118, H-wave therapy is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based

functional restoration following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, the patient presents with persistent symptoms despite use of medications, physical therapy, and TENS. The requesting physician notes continuation of physical therapy with instruction regarding a home exercise program in addition to the request for H-wave unit trial. However, although a one-month trial of H-wave may be reasonable in this patient, the request does not specify the duration of H-wave unit use. Therefore, the request for DME: H-wave unit was not medically necessary.

LIDODERM PATCH 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (R) (LIDOCAINE PATCH) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: As stated on pages 56-57 in the CA MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED such as gabapentin or Lyrica). In this case, there is no documentation of localized peripheral pain, or of trial of first-line therapy, to support this request. Therefore, the request for Lidoderm patch 5% #60 is not medically necessary.