

Case Number:	CM14-0120551		
Date Assigned:	08/06/2014	Date of Injury:	01/24/2012
Decision Date:	09/17/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/30/2014

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 Medicine and is licensed to practice in Florida. 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 54-year-old female who reported injury on 01/24/2012. The mechanism of injury was not provided. The prior therapies included acupuncture, physical therapy and a knee brace. The medications were not provided, nor were the surgical history. The documentation of 05/16/2014 revealed the injured worker had complaints of low back and right knee pain, and weakness down her legs with pressure on her back and pressure on her knees. The injured worker was noted to be working. The physical examination revealed 2+ tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch, and sacral base bilaterally. The injured worker had 2+ tenderness and spasm over the spinous processes from L4 through S1 bilaterally. The straight leg raise was positive at 80 degrees. The Kemp's test was positive bilaterally. The examination of the left knee revealed tenderness over the patellar region and a positive McMurray's test. The examination of the right knee revealed tenderness on the medial joint line of the right knee and a positive McMurray's on the right. The injured worker had an MRI of the right knee, which revealed a medial meniscal tear and joint effusion, as well as chondromalacia of the patella. The injured worker had an MRI of the lumbar spine, revealing a 3 mm disc bulge at L5-S1 with encroachment on the exiting nerve root per the physician documentation. The diagnoses included medial meniscal tear and internal derangement of the right knee, lumbar disc bulge and lumbar radiculitis. The treatment plan included a continuation of acupuncture care. It was indicated the injured worker was getting relief from acupuncture. Additionally, the request was for a home interferential unit for pain relief. There was a Department of Workers' Compensation (DWC) form RFA for the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Interspec IF II & supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation ODG- Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. The clinical documentation submitted for review failed to indicate the injured worker would be utilizing the unit as an adjunct to physical medicine treatment. Additionally, the request as submitted failed to indicate whether the request for a rental or purchase of an interferential unit. Given the above, the request for DME Interspec IF 2 and supplies is not medically necessary.

Acupuncture: 2x3, lumbar spine and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review failed to provide there was objective functional benefit that was received from acupuncture which included a clinically significant improvement in activities of daily living or a reduction in work restrictions. Given the above, the request for acupuncture 2 times 3, lumbar spine and right knee is not medically necessary.

EMG/NCV: left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation ODG, EMG's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation (ODG) Low Back Chapter, Nerve Conduction Studies.

Decision rationale: The ACOEM Guidelines indicate that electromyography may be useful to identify subtle focal neurologic dysfunction in injured workers with low back symptoms lasting

more than 3 or 4 weeks. The clinical documentation submitted for review indicated the injured worker had a straight leg raise that was positive bilaterally. However, there was a lack of documentation indicating the injured worker had radiating pain to the bilateral lower extremities with the straight leg raise. As such, the request for an EMG would not be supported. The Official Disability Guidelines indicate that a nerve conduction study is not recommended, as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There was no documentation of a peripheral neuropathy condition existing in the left lower extremity to support the necessity for both an Electromyography (EMG) and Nerve Conduction Velocity (NCV). Given the above, the request for EMG/NCV of the left lower extremity is not medically necessary.