

Case Number:	CM14-0153631		
Date Assigned:	09/23/2014	Date of Injury:	01/12/2010
Decision Date:	10/30/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine 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 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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 12, 2010. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 19, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities, denied a request for a transcutaneous electrical nerve stimulation (TENS) unit, and denied a request for 12 sessions of acupuncture. In its denial, the claims administrator did invoke the now-outdated 2007 MTUS Acupuncture Medical Treatment Guidelines, which it mislabeled as originating from the MTUS. The claims administrator suggested (but did not clearly state) that the request represented a first-time request for acupuncture. The claims administrator seemingly denied the TENS unit purchase on the grounds that the applicant had not completed one-month trial of the same and further stated that the applicant did not have evidence of neuropathic pain for which a TENS unit was indicated. In an August 1, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was off of work and had been off of work for three months, it was noted in one section of the report. In other sections of the report, it was stated that the applicant was currently working on full duty. Yet, another section of the report stated that the applicant was able to work with pain. 8/10 low back pain was noted. The applicant had alleged low back pain secondary to cumulative trauma, it was incidentally noted. The attending provider did allude to a lumbar magnetic resonance imaging of September 17, 2010 which was notable for disk extrusion at L4-L5 displacing the right L5 nerve root and generating mass effect upon the same. The applicant was described as an occasional drinker. The applicant had pain-related sleep issues but did not apparently have any systemic disease processes such as

diabetes, hypertension, or coronary artery disease, it was stated. Some dysesthesias was noted about the right leg with 5/5 lower extremity strength appreciated. Epidural steroid injection therapy was sought, along with electrodiagnostic testing of the bilateral lower extremities. A TENS unit, naproxen, Prilosec, Norco, Ultram, and Fexmid were all endorsed. The applicant's work status was not clearly stated as the applicant was asked to "return to work to tolerance."

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lower back, 2 times a week for 6 weeks, QTY: 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS Acupuncture Medical Treatment Guidelines, the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." The request, thus, as written, represents treatment at a rate two to four times MTUS parameters. No rationale for treatment this far in excess of MTUS parameters was proffered by attending provider. Therefore, the request is not medically necessary.

EMG (Electromyelography) study of the right lower extremity: 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): page 309..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 309, EMG testing is "not recommended" for a clinically obvious radiculopathy. In this case, the attending provider has posited that the applicant has a clinically-evident, radiographically-confirmed lumbar radiculopathy at the L4-L5 and L5-S1 levels. An MRI imaging on September 17, 2014 did demonstrate nerve root impingement of both the L4-L5 and L5-S1 levels, it was suggested. EMG testing, by definition, is superfluous, as diagnosis in question, lumbar radiculopathy, has already been definitively established. Therefore, the request is not medically necessary.

EMG (Electromyelography) study of the left lower extremity: 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): page 309..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 309, EMG testing is "not recommended" for a diagnosis of clinically obvious radiculopathy. In this case, as noted previously, the applicant has a clinically-evident, radiographically-confirmed radiculopathy. Earlier lumbar MRI imaging did conclusively demonstrate evidence of radiculopathy at the L4-L5 and L5-S1 levels. EMG testing, by definition, is superfluous as the diagnosis in question, lumbar radiculopathy, has already been definitively established. Therefore, the request is not medically necessary.

NCV (Nerve Conduction Velocity) study of the right lower extremity: 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 14 Ankle and Foot Complaints Page(s): page 377..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 377, electrical studies such as the NCV test at issue are "not recommended" for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, the applicant has an established diagnosis of lumbar radiculopathy, which does account for the applicant's ongoing lower extremity radicular/neuropathic complaints. There was/there is no mention of any tarsal tunnel syndrome, entrapment neuropathy, generalized compression neuropathy, etc., present which might account for some of the applicant's symptoms. The applicant specifically denied any history of diabetes and/or alcoholism, as noted on an August 1, 2014 progress note, referenced above. NCV testing is not, consequently, indicated. Therefore, the request is not medically necessary.

NCV (Nerve Conduction Velocity) study of the left lower extremity: 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 14 Ankle and Foot Complaints Page(s): Table 14-6, page 377..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 377, electrical studies are "not recommended" for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, however, there was no clearly voiced suspicion of tarsal tunnel syndrome, a generalized compressive neuropathy, peroneal neuropathy, etc., suspected here. The attending provider suggested that the applicant had a clinically-evident, radiographically-confirmed lumbar radiculopathy, it was noted above. There is, furthermore, no evidence of a systemic disease process such as diabetes or alcoholism which might lend itself toward development of a lower extremity neuropathy. Therefore, the request is not medically necessary.

TENS (Transcutaneous Electrical Nerve Stimulation) unit, for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic. Page(s): 116,.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of and/or purchase of a TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome in terms of both "pain relief and functional" during said one-month trial. In this case, however, there was no evidence that the applicant had previously completed a successful one-month trial of the TENS unit at issue before the request to purchase the same was initiated. Therefore, the request is not medically necessary.