

Case Number:	CM14-0024223		
Date Assigned:	06/11/2014	Date of Injury:	07/08/2002
Decision Date:	07/18/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 61-year-old female who reported injury on 07/08/2002. The diagnosis was lumbago. The mechanism of injury was a lifting injury. The documentation of 01/30/2014 revealed physical examination that was handwritten and difficult to read. The diagnoses included lumbar spine sprain, and thoracic and cervical sprain. The treatment plan included an EMG/NCV of the left upper extremity, a TENS unit, and pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The California MTUS Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for the treatment of chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that appropriate pain modalities have been trialed, including medications, and have failed. The clinical documentation submitted for review failed to provide prior treatments

that were utilized. There was a lack of documentation of the above criteria. The request as submitted failed to indicate whether the request was for a purchase or rental. Given the above, the request for TENS unit is not medically necessary.

POOL THERAPY TWO TIMES PER WEEK FOR THREE WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22; 98-99.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight-bearing is desirable. The Guidelines indicate the treatment for neuralgia, neuritis, and radiculitis is 8 to 10 visits and for myalgia and myositis is 9 to 10 visits. The clinical documentation submitted for review failed to indicate the body part to be treated with pool therapy. Given the above, the request for pool therapy 2 times a week for 3 weeks is not medically necessary.

EMG/NCV LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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 (ODG) Low Back Chapter, Nerve Conduction Studies.

Decision rationale: ACOEM states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide legible documentation of myotomal and dermatomal findings to support the necessity of an EMG of the left lower extremity. This request would not be supported. Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There was no documentation of peripheral neuropathy condition that exists in the left lower extremities. There was no documentation specifically indicating the necessity for both an EMG and NCV. Given the above, the request for EMG/NCV of the left lower extremity is not medically necessary.