

Case Number:	CM14-0033640		
Date Assigned:	06/04/2014	Date of Injury:	10/07/2013
Decision Date:	12/23/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/17/2014

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 injured worker is a 48 year old female who sustained a work related injury October 7, 2013. At an office visit dated January 28, 2014, the treating physician documents no new symptoms but the injured worker is complaining of increased pain in the lower back, reporting she is unable to go to work due to the pain. After evaluation, he determines she is 50% improved in function and symptoms and improving as expected. New medications Motrin and Vicodin were dispensed. Work status was listed as return to work on modified duty. According to the initial physiatry evaluation dated February 5, 2014, the injured worker had been treated beginning in January of 2013 for increasing low back pain with anti-inflammatory medication, muscle relaxants, and as needed Vicodin for pain. On 10/7/2013, she felt bilateral lower extremity numbness after a prolonged period of sitting, stood up and fell down on both knees bending and injuring the right ankle. She stood and then fell backwards, landing on her back and neck experiencing back and neck pain. She was treated in urgent care and x-rays were negative for fracture. She was diagnosed with sprain/strain of the right ankle, knee and leg, lumbar and thoracic spine. Treatment at that time included; ibuprofen, Gabapentin, right ankle brace, a cane, and physical therapy for the lumbar spine. Past medical history also included a diagnosis of gastritis. Presently, the injured worker is complaining of; constant right knee pain with radiation to the anterolateral shin extending to the foot 7/10 worse when sitting, left knee pain with anterior shin pain 4/10, low back pain 5/10 worse in the morning and increased with standing and aggravated by bending and lifting, and intermittent right shoulder and scapular pain without numbness or tingling. On examination, thoracolumbar posture is remarkable for decreased lordosis of the lower lumbar spine, gait is normal and she is able to ambulate on her heels and toes. There is tenderness over the L2 and L3 spinous processes more so than the L4 and L5. Myofascial tenderness of the paraspinals musculature bilaterally throughout the lower lumbar

region with mild tenderness over the iliac crests bilaterally. Forward flexion reveals fingertips reach within 12 inches of the floor and extension is 20 degrees. Straight leg raises are negative in the seated and supine position for radicular complaints and no ankle clonus bilaterally present. Sensation testing is remarkable for hyperalgesia of the right fifth digit and the lateral aspect of the right foot otherwise intact. Tendon reflexes: 2- right patella 2+ left patella, 2+ Achilles bilaterally. Muscle testing is grossly 5/5 for proximal and distal muscles of the lower extremities bilaterally. Lumbar spine five views dated 12/13/2013 reveals multilevel spurs and mild wedging may be developmental, mild compression fracture not excluded. Right knee x-ray, three views, reveals a negative study, no fractures and right ankle x-ray, three views, reveals a negative study, no fractures. Cervical spine x-ray is within normal limits. The treating physician lists the impression as lumbago with radicular symptoms, bilateral patellofemoral pain, rule out internal derangement, bilateral knees. Treatment recommendations included; MRI of the lumbar spine, bilateral lower extremity EMG, and nerve conduction testing, acupuncture had already been approved, and a TENS unit at home trial for pain relief. The injured worker was administered Depo-Medrol and Kenalog into the right gluteus medius. Work status listed as temporarily totally disabled. Of note, an MRI of the lumbar spine without contrast performed March 4, 2014, reveals; mild multilevel degenerative changes accentuated at the L4-L5 and L5-S1 levels. No high grade canal stenosis or neural foraminal stenosis seen. According to utilization review performed March 7, 2014, bilateral lower extremity electromyogram (EMG) and nerve conduction velocity testing are non-certified as they are not recommended for acute, subacute, and chronic conditions of low back pain and ankle sprain. The TENS unit is not certified as it is not recommended for ankle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty day TENS unit trial for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54,114-116,118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, TENS chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: MTUS states regarding TENS unit, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do indicate some neuropathic type pain, which is a possible indication. ODG further outlines recommendations for specific body parts: Ankle and foot: Not recommended. The medical records do not satisfy the several criteria for selection above. As such, the request for thirty day TENS unit trial for home use is not medically necessary.

Bilateral lower extremity Electromyogram (EMG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM states "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." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The symptoms have lasted for more than 3-4 weeks. However, the treating physician does not indicate clinically obvious radiculopathy. The treating physician does not detail circumstances why there should be an exception to the guidelines. As such the request for bilateral lower extremity Electromyogram (EMG) is not medically necessary.

Nerve Conduction Velocity (NCV): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 - Lumbar & Thoracic (Acute & Chronic), EMG, NCV

Decision rationale: ODG does not recommend NCV testing by stating "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician notes clinically obvious radiculopathy. An EMG was not deemed necessary. Guidelines do not recommend NCV. The treating physician does not detail why an exception to the guidelines should occur. As such, the request for Nerve Conduction Velocity (NCV) is not medically necessary.