

Case Number:	CM14-0062519		
Date Assigned:	07/11/2014	Date of Injury:	02/16/2012
Decision Date:	10/14/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/05/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old female was reportedly injured on February 16, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 11, 2014, indicates that there are ongoing complaints of SI joint pain. The physical examination demonstrated tenderness over the paracervical muscles. There was decreased cervical spine range of motion and a normal upper extremity neurological examination. Examination of the lumbar spine indicates tenderness of the lumbar paraspinal muscles and decreased sensation at the L4 nerve root of the bilateral lower extremities. There was a negative straight leg raise test. There was also tenderness over the tibialis anterior of the left side. Diagnostic imaging studies of the lumbar spine indicate a central disc protrusion at L5-S1 that abuts the thecal sac. Previous treatment includes acupuncture. A request had been made for EMG of a bilateral extremities, the use of a TENS unit for one month as a trial for the cervical and lumbar spine, and a lumbar facet medial branch block at L4 - L5 and L5 - S1 and was not certified in the pre-authorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 60-61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): electronically cited.

Decision rationale: The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The progress note dated May 11, 2014, does not indicate that the injured employee has any complaints of radicular symptoms in the lower extremities. As such, this request for EMG testing of the bilateral lower extremities is not medically necessary.

TENS Unit 1 Month Trial for the Lumbar Spine/Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 - 116.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of a TENS unit includes that there is evidence that other appropriate pain modalities have been tried and failed. There is no documentation regarding this in the attached medical record. Considering this, the request for a one-month trial of a TENS unit for the lumbar and cervical spine is not medically necessary.

LUMBAR FACET MBB AT UP L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 - Lumbar and Thoracic, Facet Joint Diagnostic Blocks, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines the criteria for the use of facet blocks includes that patients with low back pain that is nonradicular. According to the most recent progress note dated May 11, 2014, there are radicular findings on physical examination. Therefore this request for lumbar facet medial branch blocks at L4 - L5 and L5 - S1 is not medically necessary.