

Case Number:	CM13-0025576		
Date Assigned:	11/20/2013	Date of Injury:	06/10/2013
Decision Date:	01/15/2015	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/18/2013

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, has a subspecialty in Interventional Spine, 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 patient is a 31 year old male with an injury date of 06/10/13. Based on the 08/14/13 progress report provided by treating physician, the patient complains of low back pain and tingling to bilateral lower extremities. Physical examination to the lumbar spine revealed decreased range of motion, and guarding throughout the paralumbar musculature. Positive orthopedic tests: Kemp's, Milgram's, Minor's, Lasegue's and Bragard's. The patient reports that lumbar MRI reveals a disc herniation. Diagnosis 08/14/13- Lumbar strain/probable lumbar disc herniation- Lumbosacral radiculitis. The utilization review determination being challenged is dated 09/04/13. Regarding Electrodiagnostic studies, the rationale is "... review of the initial examination failed to reveal any evidence of neurologic deficits. There were no positive root tension signs or positive neurologic tests." Treatment reports were provided from 02/19/13 - 08/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ART Med 3 Neurostimulator for pain control: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The patient presents with low back pain and tingling to bilateral lower extremities. The request is for ART MED 3 Neurostimulator for pain control. Patient's diagnosis dated 08/14/13 included lumbar strain, probable lumbar disc herniation and lumbosacral radiculitis. MTUS Guidelines, page 121, Chronic Pain Medical Treatment Guidelines: Neuromuscular electrical stimulation (NMES devices) states: "Neuromuscular electrical stimulation: Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997)" Provider states in progress report dated 08/14/13 that "the patient can benefit from an ART MEDS 3 neurostimulator for pain control between office visits." There is no discussion regarding reason for the request and how the device will be used, or whether it is for rental or purchase. Furthermore, MTUS does not support NMES for chronic pain. Recommendation is for not medically necessary.

Electrodiagnostic studies of the lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, EMGs (electromyography)

Decision rationale: The patient presents with low back pain and tingling to bilateral lower extremities. The request is for electrodiagnostic studies of the lower extremities. The patient reports that lumbar MRI revealed a disc herniation. ACOEM guidelines page 303 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 guidelines have the following regarding EMG studies: Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999) Provider states in progress report dated 08/14/13 that "electrodiagnostic studies for the lower extremities are indicated." UR letter dated 09/04/14 states "... review of the initial examination failed to reveal any evidence of neurologic deficits. There were no positive root tension signs or positive neurologic tests." However, patient's diagnosis dated 08/14/13 included lumbar strain, probable lumbar disc herniation and lumbosacral radiculitis. Physical examination to the lumbar spine on 08/14/13 revealed decreased range of motion, and guarding throughout the paralumbar musculature. Positive orthopedic tests: Kemp's, Milgram's, Minor's, Lasegue's and Bragard's. There is no indication patient had electrodiagnostic studies done in the past according to reviewed medical records. The request appears reasonable and in line with guideline indications. Recommendation is for medically necessary.

