

Case Number:	CM14-0184608		
Date Assigned:	11/12/2014	Date of Injury:	09/28/2013
Decision Date:	04/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 38-year-old female who sustained an industrial related injury on 9/28/13. The injured worker had complaints of pain in the neck, wrist, low back, knees, and all over the body. The pain was described as tightness. Physical examination findings included decreased range of motion of the cervical spine, positive straight leg raise in the lumbar region, and positive Patricks and facet loading tests. Spurling's test was positive and weakness was present on bilateral hip flexion. Tenderness to palpation was noted over the cervical paraspinal muscles, upper trapezius, scapular border, lumbar paraspinal muscles, greater trochanteric bursas, bilateral knees, and shoulders. Diagnoses included cervicalgia, lumbago, lumbar radiculopathy, anxiety, depression, myalgia, greater trochanteric bursitis, knee pain, coccydynia, De Quervain's tenosynovitis, carpal tunnel syndrome, and ulnar neuropathy. Treatment included acupuncture, physical therapy, and a home exercise program. Medications included Tramadol, Gabapentin, and Ibuprofen.

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 TENS (Transcutaneous electrical nerve stimulation) Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. TENS is not recommended for the forearm, wrist and hand; elbow; ankle and foot; knee (other than osteoarthritis); and chronic neck pain. See the guidelines for additional details. In this case, the injured workers working diagnoses are cervicalgia, lumbago; lumbar radiculopathy; anxiety; depression; myalgias; greater trochanteric bursitis; knee pain; coccydynia; DeQuervain's tenosynovitis; carpal tunnel syndrome; and ulnar neuropathy. Subjectively, the injured worker complains of chronic neck pain, wrist, low back and knee pain. The treating physician does not specify the anatomical region for application of the TENS unit. TENS is not clinically indicated for wrist pain, knee pain (other than osteoarthritis) and chronic neck pain. There is no documentation of a one-month clinical trial. Consequently, absent compelling clinical documentation with a TENS 1 month trial; anatomical regions to be addressed and treated; and the lack of a clinical indication for TENS treatment to the wrist, knee and for chronic neck pain, TENS unit is not medically necessary.

Referral to pool therapy (duration and frequency): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, referral pool therapy (duration and frequency) is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no

direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are cervicalgia, lumbago; lumbar radiculopathy; anxiety; depression; myalgias; greater trochanteric bursitis; knee pain; coccydynia; DeQuervain's tenosynovitis; carpal tunnel syndrome; and ulnar neuropathy. Subjectively, the injured worker complains of chronic neck pain, wrist, low back and knee pain. The injured worker received prior physical therapy (land-based). There is no documentation in the medical record of objective functional improvement associated with prior physical therapy. The documentation does not contain a height, weight or BMI. There is no documentation supporting the use of aquatic therapy in terms of reducing weight bearing (in the case of extreme obesity). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to support ongoing/additional physical therapy whether water-based or land-based. Consequently, absent compelling clinical documentation with objective functional improvement according to the recommended guidelines, referral pool therapy (duration and frequency) is not medically necessary.

EMG/NCS of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 62.

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 section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCS studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states (chapter 8 page 178) unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured workers working diagnoses are cervicalgia, lumbago; lumbar radiculopathy; anxiety; depression; myalgias; greater trochanteric bursitis; knee pain; coccydynia; DeQuervain's tenosynovitis; carpal tunnel syndrome; and ulnar neuropathy. Subjectively, in the October 6, 2014 progress note, the injured worker complains of chronic neck pain, wrist, low back and knee pain. There were no radicular symptoms noted in the documentation. Objectively, there was no neurologic examination. Consequently, absent clinical documentation with unequivocal findings that identify specific nerve compromise on the neurologic evaluation or signs and symptoms compatible with radiculopathy, bilateral lower extremity EMG/NCS is not medically necessary.