

Case Number:	CM15-0108637		
Date Assigned:	06/15/2015	Date of Injury:	02/10/2011
Decision Date:	07/23/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/05/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 71 year old male, who sustained an industrial injury on 2/10/11. The injured worker was diagnosed as having a discogenic lumbar condition with radicular component down the lower extremities, spinal stenosis, and chronic pain syndrome. Treatment to date has included the use of a cane, the use of a back brace, heat/cold application, TENS, and medication. Currently, the injured worker complains of low back pain, muscle spasms, stiffness, and shooting pain down the leg. The treating physician requested authorization for a 4 lead TENS unit with conductive garment, physical therapy x12 sessions for the low back, and electromyography/nerve conduction velocity for bilateral lower extremities. A previous electromyogram revealed denervation at the right S1-2. The treating physician noted a repeat electromyogram is needed for purposes of discovery and for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead TENS unit with conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain, (transcutaneous electrical nerve stimulation), criteria for the use of TENS.

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

Decision rationale: MTUS recommends use of a 2-lead TENS device for some forms of neuropathic pain. This guideline recommends a 4-lead device only if there is specific documentation of a rationale for 4 leads, which is not present at this time in the records supplied. Therefore this request is not medically necessary.

Physical Therapy 12 sessions for the low back: Upheld

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

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

EMG/NCV Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Electromyography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: MTUS/ACOEM recommend electrodiagnostic studies of the lower back/lower extremities if to evaluate specific neurological symptoms/findings which suggest a neurological differential diagnosis. As this patient previously underwent a lower extremity electrodiagnostic study, the rationale or differential diagnosis for the currently requested repeat electrodiagnostic study is not apparent. This request is not medically necessary.