

Case Number:	CM15-0130403		
Date Assigned:	07/16/2015	Date of Injury:	11/12/2013
Decision Date:	08/17/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 41-year-old who has filed a claim for chronic low back and foot pain reportedly associated with an industrial injury of November 12, 2013. In a Utilization Review report dated June 6, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of bilateral lower extremities, approved a chronic pain management consultation, and denied a TENS unit. The claims administrator referenced a June 29, 2015 RFA form and an associated progress notes of June 23, 2015 in its determination. The applicant's attorney subsequently appealed. On June 23, 2015, the applicant reported ongoing complaints of low back pain radiating to the right foot. The applicant reported that prolonged walking, squatting, and climbing remained problematic. 7 to 10/10 pain complaints were reported. The applicant had had acupuncture and physical therapy, it was reported. The applicant reported difficulty doing dishes and other household chores. The applicant denied any history of diabetes, it was reported. The applicant also denied any history of hepatitis or HIV, it was further noted. Tenderness and multiple spasms about the lumbar spine were noted with a mildly antalgic gait. 5/5 lower extremity motor function was appreciated with some hyposensorium about the right L4-L5 dermatome evident. Oral diclofenac, Prilosec, a TENS unit, and electrodiagnostic testing of bilateral lower extremities were sought. The attending provider was also asked to obtain a second opinion spine surgery consultation and consult a pain management physician. The applicant was placed off of work, on total temporary disability. The applicant was given various diagnoses, including that of radiculitis to the right lower extremity. The applicant had had an MRI of the lumbar spine, the results of which the treating provider reported, he was unaware of.

The applicant's paresthesias were confined to the right lower extremity, the treating provider reported. The applicant had had six prior epidural steroid injections, it was acknowledged. The attending provider stated that he did not believe the applicant had had previous electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs (electromyography), and Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 309; 272.

Decision rationale: No, the request for electrodiagnostic testing of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant was described as having a clinically obvious radiculopathy on June 23, 2015. The applicant had a long history of low back pain radiating to the right lower extremity, it was reported on the June 23, 2015 progress note at issue. The applicant had undergone six prior epidural steroid injections, strongly suggesting the diagnosis of lumbar radiculopathy was already well-established. The attending provider also wrote on June 23, 2015 that one of the operating diagnoses was "radiculitis-right lower extremity." All of the foregoing, thus, strongly suggested that the applicant already had an established diagnosis of lumbar radiculopathy, arguing against the need for the electrodiagnostic testing in question. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that routine usage of NCV or EMG testing and evaluation of the applicants without symptoms is deemed "not recommended." Here, the applicant's radicular pain complaints were confined to the symptomatic right lower extremity. It was not clearly stated why electrodiagnostic testing of the bilateral lower extremities to include the seemingly asymptomatic left lower extremity was sought here in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Similarly, the request for a TENS unit was likewise not medically necessary, medically appropriate, or indicated here. The attending provider framed the request for TENS unit purchase on June 23, 2015. Page 116 of the MTUS Chronic Pain Medical

Treatment Guidelines stipulates that a TENS unit should be provided on a purchase basis in applicants who have undergone a successful one-month trial of said TENS unit, with beneficial outcomes evident in terms of the both pain relief and function. Here, however, the June 23, 2015 progress note at issue made no mention of the applicant is having previously employed a TENS unit in question on a trial basis before a request to the purchase the same was initiated. Therefore, the request was not medically necessary.