

Case Number:	CM15-0140774		
Date Assigned:	07/31/2015	Date of Injury:	04/21/2014
Decision Date:	09/02/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/21/2015

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 30-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 21, 2014. In a Utilization Review report dated July 13, 2015, the claims administrator retrospectively denied requests for one-month trial of neurostimulator TENS-EMS device with associated supplies, lumbar spine x-ray performed on October 20, 2014 and a cervical spine x-ray performed on October 20, 2014. The claims administrator referenced an RFA form received on June 29, 2015 in its determination, along with an associated progress note of September 26, 2014. The applicant's attorney subsequently appealed. In a handwritten RFA form, difficult to follow, not entirely legible, seemingly dated August 26, 2014, the electrical muscle stimulator device at issue, x-ray, a TENS unit, a lumbar belt, an orthopedic evaluation, a heating device, chiropractic manipulative therapy, and myofascial release therapy were endorsed, along with x-rays of the cervical spine and lumbar spine. In an associated progress note of August 22, 2014, handwritten, difficult to follow, and not entirely legible, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck and low back pain. Electrical muscle stimulator, conventional TENS therapy, chiropractic manipulative therapy, infrared therapy, myofascial release therapy, and an orthopedic evaluation were endorsed while the applicant was kept off of work. Little-to- no narrative commentary was attached. The note was sparse, difficult to follow, and not entirely legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of 1 month trial of home-based Neurostimulator TENS-EMS unit with 1 month of supplies provided 12/12/14: Upheld

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

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

Decision rationale: No, the request for a home-based trial of a TENS-EMS unit with one month of associated supplies was not medically necessary, medically appropriate, or indicated here. One of the modalities in the device, electrical muscle stimulator (EMS) is a variant of neuromuscular electrical stimulation or NMES. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is not recommended outside of the postoperative rehabilitative context and is explicitly deemed "not recommended" in the chronic pain context present here. The attending provider's handwritten progress note of August 22, 2014 was difficult to follow, not entirely legible, and did not set forth the clear or compelling case for provision of this particular device to include the EMS/NMES modality which carries an unfavorable recommendation in the chronic pain context present here, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines. Again, the requesting provider's progress notes were difficult to follow, thinly developed, not altogether legible, and did not set forth a clear or compelling rationale for provision of this device. Therefore, the request was not medically necessary.

Retrospective review of 1 x-ray of lumbar spine, completed on 10/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Low Back & Lumbar & Thoracic (Acute & Chronic), Radiology.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Similarly, the request for x-rays of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of radiographs to the lumbar spine in the absence of red flags is deemed "not recommended." Here, as with the preceding request, the requesting provider's progress note and RFA form of August 22, 2014 were difficult to follow, sparse, thinly developed, not entirely legible, did not set forth a clear or compelling rationale for pursuit of x-rays of the lumbar spine. The fact that x-rays of both the cervical and lumbar spines were concurrently ordered on the same date strongly suggested that the requesting provider, a chiropractor, was in fact ordering these studies for routine evaluation, without any clearly formed intention of acting on the results of the same. The fact that the requesting provider was a chiropractor (as opposed to a spine surgeon) significantly diminished the likelihood of the applicant's going on to consider any kind of surgical intervention

based on the outcome of the study. Therefore, the request was not medically necessary.

Retrospective review of x-ray of cervical spine, completed on 10/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Radiology.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Finally, the request for x-rays of the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 22, the routine usage of radiography or plain film x-rays in the evaluation of the applicant's neck and upper back complaints in the absence of red flags is deemed "not recommended." As of the preceding request, the attending provider's handwritten progress note of August 22, 2014 and an associated RFA form of the same date were difficult to follow, thinly developed, sparse, not entirely legible, did not clearly state why cervical MRI imaging was sought. The fact that both plain films of the cervical and lumbar spines were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or considering any kind of surgical intervention based on the outcome of the same. The fact that both x-rays of the cervical and lumbar spines were concurrently ordered strongly suggested that these studies were being performed for routine evaluation purposes. There was no mention of the applicant's having any red flags, signs or symptoms which would have compelled the cervical spine x-rays at issue. Therefore, the request was not medically necessary.