

Case Number:	CM15-0168536		
Date Assigned:	09/09/2015	Date of Injury:	07/21/2014
Decision Date:	10/07/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32 year old male, who sustained an industrial injury on July 21, 2014, resulting in pain or injury to the left knee from a fall. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculitis, right knee sprain/strain, status post-surgery of the left knee, and sleep disturbances. Medical records dated June 18, 2015, to July 17, 2015, indicated frequent, moderate pain in the lumbar spine pointing to the lower part of the back with occasional radicular pain into the lower extremities, down the back of the thighs and into the calves, with compensatory right knee pain, and left knee surgery status post-surgery. Records also indicate the injured worker has noted to be on modified duty. Per the Primary Treating Physician's progress, report, dated July 17, 2015, noted the injured worker with tenderness to palpation of the lumbar paravertebral muscles and pain with Valsalva. The right knee was noted to have crepitus with tenderness to palpation of the lateral knee and medial knee. The left knee was noted to have tenderness to palpation of the lateral knee and medial knee. The physical examination was noted to be unchanged since the physical examination dated June 18, 2015. Relevant treatments have included at least 8 sessions of physical therapy, 4 extracorporeal shockwave treatment for the lumbar spine noted to be somewhat helpful, and trigger point impedance imaging dated July 8 and 23, 2014, with previous medications of Nabumetone, Acetaminophen, and Etodolac ER. The treating physician indicated diagnostic imaging of left knee x-rays dated July 22, 2014, a left knee MRI dated August 22, 2014, a left knee arthroscopy on November 5, 2014, and left knee x-rays November 12, 2014, noted to show large osteochondral defect medial femoral condyle. The request for authorization dated June 18, 2015,

requested an electromyography (EMG)-nerve conduction velocity (NCV) of the bilateral lower extremities , localized intensive neurostimulation treatment and NM diagnostic 1x per week for 6 weeks, and an orthopedic follow-up consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

Decision rationale: The claimant sustained a work injury in July 2014 and underwent left knee arthroscopic surgery in November 2014. He is being treated for left knee and low back pain. Shockwave treatments have recently been provided for the low back. When seen, he was having bilateral knee pain. He was having low back pain with stiffness and occasional radicular pain into the lower extremities. Physical examination findings included lumbar spine paraspinal muscle tenderness and pain with Valsalva's maneuver. There was a slow and guarded gait due to knee pain. He had knee joint tenderness with positive McMurray's testing. Indications for obtaining an MRI of the lumbar spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection, when there is radiculopathy after at least one month of conservative therapy or if there is severe or progressive neurologic deficit, where there is a history of prior lumbar surgery, or when there is presence of cauda equina syndrome. In this case, there are no identified red flags, no documented neurologic deficit, and no reported prior lumbar spine surgery. The requested MRI of the lumbar spine was not medically necessary.

Localized intensive neurostimulation treatment and NM diagnostic 1x/week x 6 week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National clearing house of guidelines.

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 Lumbar & Thoracic (Acute & Chronic) Localized high intensity neurostimulation.

Decision rationale: The claimant sustained a work injury in July 2014 and underwent left knee arthroscopic surgery in November 2014. He is being treated for left knee and low back pain. Shockwave treatments have recently been provided for the low back. When seen, he was having bilateral knee pain. He was having low back pain with stiffness and occasional radicular pain into the lower extremities. Physical examination findings included lumbar spine paraspinal

muscle tenderness and pain with Valsalva's maneuver. There was a slow and guarded gait due to knee pain. He had knee joint tenderness with positive McMurray's testing. Localized high intensity neurostimulation analgesia (LINT) has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for low back pain or manual impedance mapping of the back, and these limitations prevent their extensive utilization. The treatment is not recommended until there are higher quality studies. The request cannot be accepted as being medically necessary.