

Case Number:	CM15-0192983		
Date Assigned:	10/07/2015	Date of Injury:	01/13/2015
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/01/2015

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, Illinois

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 34-year-old male injured worker suffered an industrial injury on 1-13-2015. The diagnoses included lumbar radiculopathy. On 7-21-2015 the provider noted that in the past in physical therapy the TENS treatment had been able to increase activity and reduce medication. The medical record included no evidence of specific details with pain levels, medication reduction and detailed functional improvement with past TENS unit treatment. On 8-25-2015 the treating provider reported low back pain near the lumbosacral region with tingling and numbness over the left foot. On exam the lumbar muscles had hypertonicity and spasms along with positive straight leg raise on both sides. Prior treatment included acupuncture, physical therapy and TENS unit. Request for Authorization date was 8-28-2015. The Utilization Review on 9-9-2015 determined non-certification for TENS unit x30 day trial and EMG/NCS lumbar spine and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit x30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The injured worker sustained a work related injury on 1-13-2015. The medical records provided indicate the diagnosis of lumbar radiculopathy. Treatments have included acupuncture, physical therapy and TENS unit. The medical records provided for review do not indicate a medical necessity for TENS unit x30 day trial. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be documentation of short and long-term goals, the benefit derived from the equipment, as well as documentation of how the machine was used. Also, the guideline recommends the use of two electrode units rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain; Phantom limb pain and CRPS II; and Spasticity. Since there is no evidence the injured worker is engaged in a functional restoration program, the request is not medically necessary.

EMG/NCS lumbar spine and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The injured worker sustained a work related injury on 1-13-2015. The medical records provided indicate the diagnosis of lumbar radiculopathy. Treatments have included acupuncture, physical therapy and TENS unit. The medical records provided for review do not indicate a medical necessity for EMG/NCS lumbar spine and lower extremities. The MTUS recommends EMG for cases of Lumbar disorders with equivocal neurological findings, as in this case; but the MTUS is silent on Nerve conduction studies in such cases. The Official Disability Guidelines states that 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 due to limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Therefore, the requested test is not medically necessary.