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| Case Number: | CM15-0212443 | | |
| Date Assigned: | 11/02/2015 | Date of Injury: | 03/29/2015 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 10/28/2015 |

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 injured worker is a 30 year old male who sustained an industrial injury on 3-29-2015. A review of medical records indicates the injured worker is being treated for spinal stenosis and radiculopathy left side. Medical records dated 9-30-2015 noted no change in pain to the left side. Physical examination noted no change and has no NCT-EMG in review. MRI of the lumbar spine dated 5-19-2015 revealed disc degeneration at L4-5 with focal protrusion about 6 mm impression of sac, mild to moderate central stenosis without foraminal stenosis. Treatment has included six session of physical therapy, meloxicam, and modified work duty. Utilization review form dated 10-12-2015 noncertified NCT-EMG of the bilateral lower extremities and modified TENS unit rental for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit rental for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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 3-29-2015. The medical records provided indicate the diagnosis of spinal stenosis and radiculopathy left side. Treatments have included six session of physical therapy, meloxicam, and modified work duty. The medical records provided for review do not indicate a medical necessity for: TENS unit rental for 6 months. 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 a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. The requested treatment is not medically necessary because it exceeds the recommended 30 day rental period.

NCT/EMG bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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 3-29-2015. The medical records provided indicate the diagnosis of spinal stenosis and radiculopathy left side. Treatments have included six session of physical therapy, meloxicam, and modified work duty. The medical records provided for review do not indicate a medical necessity for: NCT/EMG bilateral lower extremities. The MTUS recommends physiologic evidence of nerve dysfunction like EMG when the neurologic examination is less clear; however, the MTUS is silent on lower extremities NCT or nerve conduction studies. The Official Disability Guidelines does not recommend lower extremities nerve conduction studies. This guideline states, "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." Therefore the request is not medically necessary.