MAXIMUS Federal Services

Case Number:	CM15-0035269		
Date Assigned:	03/03/2015	Date of Injury:	05/09/2014
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/25/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male, who sustained an industrial injury on 6/09/2014. The diagnoses have included lumbar radiculopathy and low back pain with sciatica. Treatment to date has included physical therapy, medications and injections. He is status post L4-5 micro-discectomy. Magnetic resonance imaging (MRI) of the lumbar spine dated 11/26/2014 showed 4-5mm protrusion at L4-5, disc osteophyte complex, disc extension by 6-7mm, moderate lateral stenosis contacting the L5 root, 2mm L5-S1 disc bulge, and facet disease at L4-5 and L5- S1. Currently, the IW complains of low back pain with radiculopathy. The pain is described as constant and stabbing in the lumbar area. The pain radiates to the lateral aspect of the right leg. Objective findings included intact sensation to light touch in all extremities and deep tendon reflexes intact bilaterally. He has a normal gait and posture. On 2/19/2015, Utilization Review non-certified a request for EMG (electromyography)/NCV (nerve conduction studies) for the right lower extremity and modified a request for purchase of a transcutaneous electrical nerve stimulation (TENS) unit with supplies noting that the clinical findings do not support the medical necessity of the treatment. The MTUS ACOEM Guidelines, non-MTUS and ODG sources were cited. On 2/25/2015, the injured worker submitted an application for IMR for review of EMG/NCV for the right lower extremity and purchase of a TENS unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for the right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, nerve conduction studies Low back chapter, EMG studies.

Decision rationale: This patient has a date of injury of 05/19/2014 and presents with complaints of low back pain and right leg pain. The current request is for EMG/NCV for the right lower extremity. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 2-4 weeks. ODG Guidelines have the following regarding EMG studies, "EMG electromyography may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." ACOEM Guidelines is silent on NCV testing of the lower extremities. ODG Guidelines under the low back chapter has the following regarding nerve conduction studies, "Not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy." ODG for electrodiagnostic states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back pain." There is no indication that prior EMG/NCV testings have been provided. MRI report dated 11/28/2014 demonstrated L4-L5 paracentral protrusion measuring 4-5 mm beyond the endplate and a smaller peripheral disk osteophyte complex. The central protrusion showed contiguous subligamentous extension of the disk, slightly above the interspace level by 6-7 mm, annular tear, moderate lateral recess stenosis contacting the traversing L5 nerve root. At L5-S1, there is a 2 mm right paracentral disk bulge and facet joint disease noted at L4-L5 and S1.The treating physician would like an EMG/NCV to check to see if there is physiologic evidence of compression of the L5 nerve root. In this case, given the patient continued complaints of pain and radicular symptoms, diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The requested EMG/NCV IS medically necessary.

TENS Unit with supplies (purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: This patient has a date of injury of 05/19/2014 and presents with complaints of low back pain and right leg pain. The current request is for TENS unit with supplies purchase. Per MTUS Guidelines page 116, TENS unit have been proven efficacy if treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and

multiple scoliosis. When a TENS unit is indicated, a 30-day home trial is recommended and with documentation of functional improvement, additional usage may be indicated. The treating physician notes in his 02/02/2015 report and he would like to "suggest a TENS unit." There is no further discussion regarding a TENS unit. In this case, the treating physician is requesting a TENS unit with supplies for purchase, but has not documented a successful 1-month trial. The requested TENS unit IS NOT medically necessary.