

Case Number:	CM15-0081923		
Date Assigned:	05/04/2015	Date of Injury:	11/20/2013
Decision Date:	07/03/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/29/2015

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: Family Practice

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 50 year old male, who sustained an industrial injury on 11/20/2013. He reported an injury to his lumbar spine with complaints of numbness and paresthasias of the left lower extremity. The injured worker is currently diagnosed as having bilateral shoulder sprain/strain and lumbar spine sprain/strain with left lower extremity radiculopathy. Treatment and diagnostics to date has included cervical spine x-rays, lumbar spine x-rays, left shoulder x-rays, lumbar spine MRI, and medications. An agreed medical evaluator's report dated 3/16/15 noted that lumbar x-rays were performed. Additionally, the injured worker is noted to have undergone lumbar MRI noting left S1 radiculitis. In a progress note dated 03/24/2015, the injured worker presented with complaints of lower back pain. The treating physician reported requesting authorization for electromyography/nerve conduction studies of the lumbar/bilateral lower extremities, Transcutaneous Electrical Nerve Stimulation Unit, chiropractic treatment, and lumbar spine x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the lumbar/bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The ACOEM guidelines state that electromyograph for clinically obvious radiculopathy is not recommended. In this case, the injured worker is noted to have left S1 radiculitis. The request for painful electrodiagnostic studies is therefore not supported. The request for EMG/NCS of the lumbar/bilateral lower extremities is not medically necessary and appropriate.

Neurostimulator TENS/EMS & supplies (rental or purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Neuromuscular electrical stimulation (NMES devices) Page(s): 113-116 and 120.

Decision rationale: According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis. The MTUS guidelines note that neuromuscular electrical stimulation (NMES devices) is not recommended. In this case, while a one month trial of TENS unit may be supported, the requested unit contains a modality which is not recommended per the MTUS guidelines. The request for Neurostimulator TENS/EMS & supplies (rental or purchase) is not medically necessary and appropriate.

Chiropractic sessions 3x4 (lumbar, bilateral shoulders): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58 and 59.

Decision rationale: According to the MTUS guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual

Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The MTUS guidelines recommend an initial trial of six sessions. While a course of chiropractic treatment may be supported, the request for 12 sessions exceeds the amount recommended by the MTUS guidelines and modification cannot be rendered in this review. The request for Chiropractic sessions 3x4 (lumbar, bilateral shoulders) is not medically necessary and appropriate.

X-ray (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the MTUS guidelines, lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, the medical records indicate that the injured worker underwent an agreed medical evaluation and per the March 16, 2015 agreed medical evaluator's report, lumbar X-rays were performed. In the absence of re- injury or recent trauma, the request for updated lumbar X-rays is not supported. The request for X-ray (lumbar spine) is not medically necessary and appropriate.