

Case Number:	CM15-0084933		
Date Assigned:	05/07/2015	Date of Injury:	08/24/2012
Decision Date:	06/08/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/04/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 60-year-old male, with a reported date of injury of 08/24/2012. The diagnoses include discogenic lumbar condition with foraminal narrowing and facet changes, internal derangement of right knee, right sacroiliac joint pain, right lumbar facet joint pain, lumbar facet joint arthropathy, lumbar sprain/strain, right knee sprain/strain, chronic low back pain, right knee pain, and status post right knee surgery. Treatments to date have included physical therapy, an MRI of the right knee, an MRI of the lumbar spine, a knee brace, right knee surgery, x-rays of the knee, and a cane. The medical report dated 03/31/2015 indicates that the injured worker still had numbness and shooting pain from the buttock on the right side to the knee with numbness. The injured worker had right knee and low back symptoms. The objective findings include tenderness along the lumbar spine, mild tenderness along the joint line. The treating physician requested nerve studies of the lower extremities to look for objective radiculopathy and the purchase of a transcutaneous electrical nerve stimulation (TENS) unit with conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve studies of lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Online Version, Nerve conduction studies (NCS).

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

Decision rationale: This 60 year old male has complained of low back pain and knee pain since date of injury 8/24/12. He has been treated with physical therapy and medications. The current request is for nerve studies of the lower extremities. Per the ACOEM guidelines cited above, electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms that have lasted for more than three or four weeks. The available medical records do not document a recent neurologic examination of the lower extremities that shows evidence of any neurologic deficiencies. On the basis of the available medical records and per the ACOEM guidelines cited above, EMG of the lower extremities is not indicated as medically necessary.

TENS unit with conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

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

Decision rationale: This 60 year old male has complained of low back pain and knee pain since date of injury 8/24/12. He has been treated with physical therapy and medications. The current request is for a TENS unit. Per the MTUS guideline cited above, a 1 month trial of TENS unit therapy should be documented including documentation of how often the TENS unit was used as well as outcomes in terms of pain relief and function with use of the TENS unit. The available medical records included for review do not include this documentation. On the basis of the cited MTUS guideline and the lack of documentation, a TENS unit is not indicated as medically necessary.