

Case Number:	CM14-0121699		
Date Assigned:	09/16/2014	Date of Injury:	03/09/2010
Decision Date:	10/16/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old female who has submitted a claim for disuse atrophy right knee and degenerative lumbar disc disease with radiculopathy/facet arthropathy L4-5 L5-S1 associated with an industrial injury date of 3/9/2010. Medical records from 10/15/2013 up to 9/2/2014 were reviewed showing that despite her fifth ESI with the latest one on 1/20/2014 offering 60% relief of low back pain, she has ongoing severe sciatica and low back pain. Her right knee pain has been improving since she started using EMPI neuromuscular stimulator. Objective findings revealed improvement in vastus medialis and quadriceps muscle tone. She had increased knee strength at +4-5/5 but still had residual 1cm of atrophy. There was diminished sensation in the L5-S1 nerve distributions bilaterally, otherwise, normal ROM and strength throughout. Treatment to date has included ESI, NMES, HEP, physical therapy, Norco, Zanaflex, Prilosec, Senokot, and Neurontin. Utilization review from 7/18/14 denied the request for Spine surgery consultation and modified the request for EMPI neuromuscular stimulator rental for six months to treat the right knee to 6 weeks rental. As per the EMPI NMS, studies have indicated that a 6 week program involving strength training and neuromuscular stimulation may be more effective than strengthening alone. As per spine surgery consultation, her diagnosis is not in doubt and she has previously been said to not be a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMPI neuromuscular stimulator rental for six months to treat the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee and leg, electrical stimulators (E-stim), neuromuscular electrical stimulation (NMES), TENS (transcutaneous electrical nerve stimulation)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: As stated on page 121 of CA MTUS Chronic Pain Medical Treatment Guidelines, NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. In this case, it was mentioned that the patient's right knee pain is improving with use of NMES. Objective findings revealed improvement in vastus medialis and quadriceps muscle tone. She had increased knee strength at +4-5/5 but still had residual 1cm of atrophy. However, the use of NMES is not recommended as per guidelines. In addition, there was no discussion of simultaneous physical therapy with NMES. It was mentioned in PR dated 7/8/2014 that NMES is requested as the patient has not progressed adequately with physical therapy and HEP. There was no mention if physical therapy is continued with the NMES. NMES is not recommended as a solitary form of treatment modality. Therefore the request for EMPI neuromuscular stimulator rental for six months to treat the right knee is not medically necessary.

Spine surgery consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines, low back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: As stated on page 305-306 of the ACOEM Practice Guidelines referenced by CA MTUS, spine surgeon referral is supported with severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit from surgical repair; and failure of conservative treatment. In this case, the patient has persistent low back pain. However, there was no recent imaging or electrophysiological studies to indicate a lesion to benefit from a spinal surgery consultation. In addition, the patient reported great benefit from 5 ESIs with a 60% reduction in pain. Therefore the request for Spine surgery consultation is not medically necessary.

