

Case Number:	CM14-0123324		
Date Assigned:	09/16/2014	Date of Injury:	06/03/2010
Decision Date:	10/16/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 records, presented for review, indicate that this 45-year-old was reportedly injured on June 3, 2010. The mechanism of injury was reported as attending students as required by her position. The most recent progress note, dated July 18, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a slight reduction in lumbar spine range of motion and tenderness to palpation with some muscle spasm. A positive Kemp's test was noted. Diagnostic imaging studies included MRI of the lumbar spine, completed on June 2, 2014, noting minimal degenerative disc changes. Previous treatment included multiple medications and conservative care. A request had been made for diagnostic studies, acupuncture, TENS (transcutaneous electrical nerve stimulation) unit, lumbar spine brace and was not certified in the pre-authorization process on July 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Low Back Procedure Summary last updated 12/27/2013; Official Disability Guidelines-TWC Low Back Procedure Summary last updated 07/03/2014

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

Decision rationale: The records reflect that an MRI was completed several months prior. There was no change in physical examination to suggest that there is any increasing neurological compromise. Therefore, the request for an MRI of the lumbar spine is not medically necessary or appropriate.

Electromyography of the bilateral lower extremities, quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Low Back Procedure Summary last updated 05/10/2013

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

Decision rationale: As outlined in the ACOEM, letter diagnostic studies can be recommended if there were equivocal findings noted on MRI and on the clinical indications of a neurological compromise. Based on the MRI completed and reported and by the physical examination identified, there is no definite evidence to suggest a neurological compromise accomplished. Therefore, based on the medical data presented for review, there is insufficient clinical evidence to suggest the need for electrodiagnostic studies. The request for two EMGs of the bilateral lower extremities is not medically necessary or appropriate.

Nerve conduction velocity study of the bilateral lower extremities, quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Low Back Procedure Summary last updated 05/10/2013

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

Decision rationale: As outlined in the ACOEM, letter diagnostic studies can be recommended if there were equivocal findings noted on MRI and on the clinical indications of a neurological compromise. Based on the MRI completed and reported and by the physical examination identified, there is no definite evidence to suggest a neurological compromise accomplished. Therefore, based on the medical data presented for review, there is insufficient clinical evidence to suggest the need for electrodiagnostic studies. The request for two NCV studies of the bilateral lower extremities is not medically necessary or appropriate.

Twelve sessions of acupuncture treatment for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, the date of injury, the clinical presentation reported, and the lack of documentation of conservative treatments or an on-going physical rehabilitation program, there is insufficient clinical data provided to support additional acupuncture; therefore, the request for twelve sessions of acupuncture for the lumbar spine is not medically necessary or appropriate.

A transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain; Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Treatment guidelines support the use of a TENS unit in certain clinical settings of chronic pain, after evidence of success and a one-month trial when used as an adjunct to a program of evidence-based functional restoration for certain conditions. Based on the evidence-based trials, there is no support for the use of a TENS unit as a primary treatment modality. The record provides no documentation of an ongoing program of evidence-based functional restoration. In the absence of such documentation, this request does not meet guideline criteria for a TENS trial. As such, the request for a TENS unit is not medically necessary or appropriate.

One lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Low Back Procedure Summary last updated 05/10/2013, lumbar supports

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

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines do not support the use of a LSO or other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension via plain radiographs of the lumbar spine. As such, the request for one lumbar spine brace is not medically necessary or appropriate.