

Case Number:	CM14-0092743		
Date Assigned:	07/30/2014	Date of Injury:	01/19/2014
Decision Date:	09/18/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/19/2014

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 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:

Patient is a 47-year-old male who has submitted a claim for lumbar spine musculoligamentous sprain/strain and degenerative disc disease with facet arthropathy associated with an industrial injury date of 1/19/2014. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain, rated 7/10 in severity, radiating to the left lower extremity. Physical examination of the lumbar spine showed tenderness, muscle spasm, and restricted range of motion. Gait was normal. Kemp's test and Valsalva maneuver were positive. Straight leg raise test was positive bilaterally without radiation of pain. Motor strength and reflexes were normal. Sensation was diminished at left S1 dermatome. MRI of the lumbar spine, dated 2/26/2014, revealed no significant change in appearance of multi-level degenerative disc disease and facet arthropathy, worst at L3 to L4 with mild spinal canal stenosis, and mild bilateral foramina stenosis at L5 to S1. Treatment to date has included left shoulder surgery on 6/2013, physical therapy, chiropractic care, and medications such as hydrocodone, Soma, and ibuprofen. Utilization review from 6/4/2014 denied the request for Acupuncture to low back because there was no sufficient documentation for specifically identified musculoskeletal conditions; denied EMG/NCS of the bilateral lower extremities because patient had yet to receive conservative care such as physical therapy; denied DME purchase - Home exercise kit for the lumbar spine because of insufficient documentation of the constituent parts and a detailed description of this kit; denied UDI random screen because the most recent drug screen was 4/14/2014 and there was no clear indication for repeat testing; and denied DME purchase - Tens Unit and Patches for low back because there was no report of functional benefits from an electrical stimulation under the supervision of a licensed physical therapist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, the request for acupuncture is to provide symptom relief and functional improvement. Patient had persistence of low back pain despite physical therapy and intake of medications. Acupuncture is a reasonable treatment option at this time. However, the request failed to specify the number of therapy sessions. The request is incomplete; therefore, the request for Acupuncture to low back is not medically necessary.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

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

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient presented with low back pain radiating to the left lower extremity. Physical examination showed positive Kemp's test and Valsalva maneuver. Straight leg raise test was positive bilaterally without radiation of pain. Motor strength and reflexes were normal. Sensation was diminished at left S1 dermatome. However, clinical manifestations were not consistent with a focal neurologic deficit to warrant EMG. Moreover, patient presented with symptoms pertaining to the left lower extremity only. However, the present request as submitted also included contralateral testing of the unaffected right lower extremity. Therefore, the request for electromyography (EMG) of the bilateral lower extremities is not medically necessary.

NCS of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) ; Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the request for NCV is to evaluate for nerve damage on the left side as patient presented with low back pain radiating to the left lower extremity. Physical examination showed positive Kemp's test and Valsalva maneuver. Straight leg raise test was positive bilaterally without radiation of pain. Motor strength and reflexes were normal. Sensation was diminished at left S1 dermatome. Clinical manifestations are consistent with peripheral neuropathy to warrant NCV at the left. However, the present request as submitted also included contralateral testing of the unaffected right lower extremity. Therefore, the request for nerve conduction velocity (NCV) study of the lower extremities is not medically necessary.

DME purchase- Home exercise kit for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, patient complained of low back pain despite physical therapy and intake of medications; hence, this request for a DME. However, the present request as submitted failed to specify the home exercise kit. The request is incomplete; therefore, the request for DME purchase- Home exercise kit for the lumbar spine is not medically necessary.

UDI random screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current treatment regimen includes hydrocodone, Soma, and ibuprofen. Progress report from 5/14/2014 stated that urine drug screen had been performed that day; however, the official result was not disclosed. Aberrant drug behavior was not evident in the records submitted. It is unclear why repeat testing should be performed at this time. Therefore, the request for UDI random screen is not medically necessary.

DME purchase- Tens Unit and Patches for low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are 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. In this case, patient complained of low back pain despite physical therapy and intake of medications. TENS unit is a reasonable treatment option at this time. However, there was no discussion why a rental unit cannot suffice as trial basis to meet the guideline recommendation. The medical necessity cannot be established due to insufficient information. Duration of treatment period is likewise not specified. Therefore, the request for DME purchase- Tens Unit and Patches for low back is not medically necessary.