

Case Number:	CM14-0210909		
Date Assigned:	02/04/2015	Date of Injury:	06/17/2014
Decision Date:	03/24/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: North Carolina, Georgia
 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 35 year old male, who sustained an industrial injury on 6/17/2014. The current diagnoses are lumbar herniated nucleus pulposus, spinal stenosis, and radiculopathy. Currently, the injured worker complains of intermittent right hip pain, 4/10 on a subjective pain scale. Additionally, he complains of constant back pain that radiates down to the hip and thigh, 6/10. Associated symptoms are numbness, tingling, cramping, and back spasms. Current medications are Norco, Flexeril, and Ibuprofen. Treatment to date has included medications, chiropractic, and epidural steroid injection (10/9/2014). MRI of the lumbar spine shows discogenic lumbar condition with facet inflammation and spondylolisthesis at L5-S1 with moderate bilateral foraminal narrowing. The treating physician is requesting AP lateral lumbar x-ray, EMG/NCV bilateral lower extremities, compression therapy garment, lumbar back support with insert, and TENS unit, which is now under review. On 11/20/2014, Utilization Review had non-certified a request for AP lateral lumbar x-ray, EMG/NCV bilateral lower extremities, compression therapy garment, lumbar back support with insert, and TENS unit. The California MTUS ACOEM, Chronic Pain, and Official Disability Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar x-ray A/P lateral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: ACOEM states that lumbar xrays should not be recommended in the absence of red flag findings of serious spinal pathology even if symptoms have persisted greater than 6 weeks. In this case, there are no red flag findings reported in the examination. Lumbar x-rays are not medically indicated.

EMG - right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. The submitted records do describe radicular symptoms consistent with the MRI findings and neurosurgical intervention is planned. There is no medical rationale for EMG right lower extremity as it will not change planned intervention.

EMG - left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. The submitted records do describe radicular symptoms consistent with the MRI findings and neurosurgical intervention is planned. There is no medical rationale for EMG left lower extremity as it will not change planned intervention.

NCV - right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. The submitted records do describe radicular symptoms consistent with the MRI findings and neurosurgical intervention is planned. There is no medical rationale for NCV right lower extremity as it will not change planned intervention.

NCV - left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. The submitted records do describe radicular symptoms consistent with the MRI findings and neurosurgical intervention is planned. There is no medical rationale for NCV left lower extremity as it will not change planned intervention.

Compression therapy garment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: ACOEM chapter on back complaints states that lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief. The injury in this case is over 3 months old and a compression garment is not medically necessary.

Lumbar back support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: ACOEM chapter on back complaints states that lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief. The injury in this case is over 3 months old and a lumbar back support is not medically necessary.

Insert for back support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: ACOEM chapter on back complaints states that lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief. The injury in this case is over 3 months old and an insert for back support is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 116.

Decision rationale: CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include : Chronic intractable pain with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried(including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case the request is for a TENS unit purchase without prior trial. The UR decision modified the request to allow a one month trial. The original request for TENS unit for purchase is not medically necessary.