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| Case Number: | CM15-0125306 | | |
| Date Assigned: | 07/09/2015 | Date of Injury: | 03/27/2007 |
| Decision Date: | 09/22/2015 | UR Denial Date: | 06/25/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 50-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 27, 2007. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve requests for a TENS unit, conductive garment, and electrodiagnostic testing of bilateral upper and bilateral lower extremities. The claims administrator referenced an RFA form received on June 10, 2015 in its determination. The applicant's attorney subsequently appealed. On said RFA form of June 10, 2015, a 4-lead TENS unit, associated conductive garment, lumbar MRI imaging, tramadol, Remeron, Neurontin, Naprosyn, and Prilosec were all sought. In an associated progress note of June 10, 2015, it was acknowledged that applicant was not working. Ongoing complaints of low back pain and intermittent leg pain were reported. The laterality of the applicant's leg pain was not clearly stated, although one section of the note suggested (but not clearly stated) that the applicant had numbness and tingling in both legs. The applicant had not had prior imaging since 2007 and had had prior electrodiagnostic testing in 2008, the treating provider reported. The attending provider stated that the applicant had a proven lumbar radiculopathy which had responded favorably to an earlier epidural steroid injection in 2013. The applicant had derivative complaints of depression, sleep disturbance, psychological stress, and anxiety, it was reported. The applicant was on Tramadol, Remeron, Neurontin, Naprosyn, and Prilosec. A TENS unit with associated conductive garment was sought, along with a back support, cold wrap, and a pain management consultation. The applicant was not working, the treating provider reiterated. Little to no seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead TENS (Transcutaneous Electrical Nerve Stimulation) unit, quantity: 1.00:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: No, the request for 4-lead TENS unit was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Medical Treatment Guidelines, a 2-lead TENS unit is generally recommended. The attending provider wishing to prescribe a 4-lead TENS unit must furnish documentation as to why this is necessary. Here, however, the attending provider's June 10, 2015 progress note did not clearly state why a 4-lead TENS unit was prescribed in favor of the conventional 2-lead unit recommended on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests provision of a TENS unit on a one-month trial basis before a decision to purchase the same is undertaken. Here, however, there was no mention of the applicant's having employed a TENS unit course on a one-month trial basis before the decision to purchase the same was undertaken. Therefore, the request is not medically necessary.

Conductive garment, quantity: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Since the primary request for a 4-lead TENS unit was deemed not medically necessary, the derivative or companion request for an associated conductive garment is likewise not medically necessary.

EMG (Electromyography) study of the right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The request for EMG testing of the right lower extremity was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the attending provider stated on June 10, 2015 that the applicant did in fact have a clinically-evident lumbar radiculopathy which had responded favorably to an earlier lumbar epidural steroid injection, effectively obviating the need for the EMG testing in question. Therefore, the request is not medically necessary.

NCV (Nerve Conduction Velocity) study of the right lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chronic Pain, 3rd ed., page 848.

Decision rationale: Similarly, the request for nerve conduction testing of the right lower extremity was likewise not medically necessary, medically appropriate, or indicated here. Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy: Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is either of uncertain cause or a necessity to document extent. Indications: Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus. Strength of Evidence, recommended, Insufficient Evidence (I). As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies (AKA nerve conduction testing) is deemed "not recommended" in the absence of clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there was no mention of the applicant's carrying a diagnosis of tarsal tunnel syndrome or other entrapment neuropathy. Lumbar radiculopathy appeared to be the sole item on the differential diagnosis list. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does acknowledge that nerve conduction studies are recommended when there is suspicion of a peripheral systemic neuropathy of uncertain cause, here, however, again, there is no mention of the applicant's carrying a diagnosis of suspected peripheral neuropathy. The June 10, 2015 progress note stated that the applicant had no known history of diabetes mellitus. There was likewise no mention of the applicant's having a systemic disease process such as alcoholism, hypothyroidism, etc., which would have heightened the applicant's predisposition toward development of a generalized peripheral neuropathy. Therefore, the request was not medically necessary.

EMG (Electromyography) study of the left lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Similarly, the request for EMG testing of the left lower extremity was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant was described as having clinically-evident lumbar radiculopathy. The applicant had already received previous epidural steroid injection for the same, the treating provider reported on June 10, 2015. The applicant's clinically-evident lumbar radiculopathy, thus, effectively obviated the need for the EMG testing in question. Therefore, the request is not medically necessary.

NCV (Nerve Conduction Velocity) study of the left lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chronic Pain, 3rd ed., page 848.

Decision rationale: Finally, the request for nerve conduction testing of the left lower extremity was likewise not medically necessary, medically appropriate, or indicated here.
Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy. Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is either of uncertain cause or a necessity to document extent. Indications, Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus. Strength of Evidence, recommended, Insufficient Evidence (I). As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies (AKA nerve conduction testing) is deemed "not recommended" in the absence of clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there is no mention of the applicant's having issues with tarsal tunnel syndrome or other focal entrapment neuropathy present on or around the date in question, June 10, 2015. Lumbar radiculopathy appeared to be the sole item on the differential diagnoses list. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does recommend nerve conduction testing when there is suspicion of a peripheral systemic neuropathy of uncertain cause, here, however, there was no mention of the applicant's carrying a systemic diagnosis of reflux, diabetes, hepatitis, alcoholism, hypothyroidism, etc., which would have heightened the applicant's predisposition toward development of a generalized peripheral neuropathy. Therefore, the request is not medically necessary.