

Case Number:	CM15-0173191		
Date Assigned:	09/16/2015	Date of Injury:	10/27/2014
Decision Date:	10/15/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/02/2015

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: Arizona, California

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 57 year old male, who sustained an industrial injury on 10-27-14. The injured worker has complaints of left knee and low back pain. The documentation noted sensation is decreased in L5 dermatome, left worse than the right and decreased sensation at L5 and tenderness to palpation over the left knee. There is absent ankle reflexes. There is positive straight leg raise at 40 degrees in bilateral lower extremities. Magnetic resonance imaging (MRI) of the lumbar spine on 2-10-15 showed straightening of the lumbar spine, which may be positional or related to spasm and mild degenerative disk and facet joint disease. The diagnoses have included lumbar disc disease; lumbar spine radiculopathy and left knee pain. The documentation noted on 3-13-15 that authorization was given for acupuncture as well as the orthopedist and gives her an approx. The original request was for neuromuscular diagnostic treatment and localized intensive neuromuscular treatment with a utilization review date of (8-18-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromuscular Diagnostic treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Similar to NMES and TENS there is insufficient evidence for the use of neuromuscular diagnostic treatment for chronic back pain. As noted below the localized treatment is not necessary. In this case, the claimant had knee and back pain. The claimant had undergone numerous conservative measures. There was no indication for need of additional diagnostic treatment for which other modalities have more proven benefit. The request for intensive neuromuscular diagnostic treatment is not medically necessary.

Localized intensive neuromuscular treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the guidelines, neuromuscular stimulation is not recommended due to lack of clinical evidence. In this case, the claimant had knee and back pain. The claimant had undergone numerous conservative measures. There was no indication for need of additional NMES for which other modalities have more proven benefit. The request for intensive neurostimulation is not medically necessary.