

Case Number:	CM15-0179628		
Date Assigned:	10/13/2015	Date of Injury:	12/09/2014
Decision Date:	11/25/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury on 12-9-14. The injured worker reported discomfort in the neck with radiation to bilateral shoulders. A review of the medical records indicates that the injured worker is undergoing treatments for displacement of cervical and lumbar disc without myelopathy, cervical and lumbar myospasms, cervical and lumbar sprain strain and spinal stenosis of lumbar region. Medical records dated 7-14-15 indicate pain rated at 9 out of 10. Medical records dated 9-16-15 indicate cervical spine pain rated at 4 to 5 out of 10 and lumbar spine pain rated at 10 out of 10. Provider documentation dated 7-14-15 noted the work status as return to modified work. Treatment has included acupuncture treatment, cervical spine magnetic resonance imaging (9-21-15), muscle relaxants, chiropractic treatments, and electrodiagnostic studies. Objective findings dated 7-14-15 were notable for painful range of motion to the cervical and lumbar spine, tenderness to palpation to the cervical and lumbar paravertebral muscles with spasms noted, positive straight leg raise on the left. The original utilization review (8-11-15) denied a request for 1 NCV and EMG of the bilateral lower extremities and 1 TENS Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NCV/EMG of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, under EMG's Low Back chapter, under Nerve conduction studies.

Decision rationale: The patient was injured on 12/09/14 and presents with cervical spine and lumbar spine pain. The request is for 1 NCV/EMG of the bilateral lower extremities. The utilization review rationale is that NCV "testing is generally not recommended for the low back because it has limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Somatosensory testing is also not recommended by guidelines as an option for suspected radiculopathies, and is only recommended for unexplained myelopathy or in unconscious spinal cord injury patients." The RFA is dated 07/20/15 and the patient is to return to modified work on 07/14/15. Review of the reports provided does not indicate if the patient had any prior EMG/NCV studies conducted for the lower extremities. MTUS/ACOEM Guidelines Chapter 12 Low Back Complaints, page 303 on Special Studies and Diagnostic and Treatment Considerations states, "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter does not discuss electrodiagnostics. ODG Guidelines, Low Back chapter, under EMGs -electromyography- ODG states, "Recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, Low Back chapter, under Nerve conduction studies -NCS- states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." The patient has a painful range of motion to the cervical and lumbar spine, tenderness to palpation to the cervical and lumbar paravertebral muscles with spasms, and a positive straight leg raise on the left. She is diagnosed with lumbar radiculopathy, displacement of cervical and lumbar disc without myelopathy, cervical and lumbar myospasms, cervical and lumbar sprain strain and spinal stenosis of lumbar region. Treatment to date includes acupuncture treatment, cervical spine magnetic resonance imaging (9-21-15), muscle relaxants, chiropractic treatments, and electrodiagnostic studies. The reason for the request is not provided and there is no indication that a prior EMG/NCV testing has been done. Given the patient's continued complaints of low back pain with radicular components, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The requested EMG/NCV of the bilateral lower extremities IS medically necessary.

1 TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient was injured on 12/09/14 and presents with cervical spine and lumbar spine pain. The request is for 1 TENS UNIT to assist with patient's ADLs at home. The RFA is dated 07/20/15 and the patient is to return to modified work on 07/14/15. Review of the reports provided does not indicate if the patient had any prior TENS use. MTUS Guidelines, Transcutaneous Electrotherapy section, page 116 states that TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The patient has a painful range of motion to the cervical and lumbar spine, tenderness to palpation to the cervical and lumbar paravertebral muscles with spasms, and a positive straight leg raise on the left. She is diagnosed with lumbar radiculopathy, displacement of cervical and lumbar disc without myelopathy, cervical and lumbar myospasms, cervical and lumbar sprain strain and spinal stenosis of lumbar region. Treatment to date includes acupuncture treatment, cervical spine magnetic resonance imaging (9-21-15), muscle relaxants, chiropractic treatments, and electrodiagnostic studies. In this case, there is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. A trial of TENS may be reasonable. However, it is unclear if the treater is requesting for a one-month trial or a purchase. Therefore, the request IS NOT medically necessary.