

Case Number:	CM15-0077462		
Date Assigned:	04/28/2015	Date of Injury:	01/08/2015
Decision Date:	05/28/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/22/2015

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: Emergency 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 injured worker is a 57 year old male who sustained a work related injury January 8, 2015. According to a doctor's first report of occupational injury or illness, dated March 9, 2015, the injured worker presented with ongoing low back pain with radiation to the lower extremities. She had been treated off and on from another industrial injury since 2004, with medication, physical therapy, and lumbar epidural injections and followed by pain management. She has continued to take pain medication and developed gastrointestinal upset with increased blood pressure as well as ringing in her ears. An examination of the lumbar spine revealed; tenderness to palpation and muscle guarding over the paravertebral musculature, lumbosacral junction, bilateral sacral notches and right sacroiliac joint. Diagnoses are lumbosacral spine musculoligamentous sprain/strain with attendant bilateral lower extremity radiculitis and right sacral joint sprain; gastrointestinal upset, increased blood pressure and ringing in the ears secondary to chronic pain medication usage. Treatment plan included x-rays, and requests for authorization for a course of physical therapy, MRI of the lumbar spine, and at issue; EMG/NCV (electrodiagnostic studies) bilateral lower extremities, lumbar, and a home interferential stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BLE Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The requested EMG/NCV BLE Lumbar is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has low back pain with radiation to the lower extremities. The treating physician has documented lumbar spine revealed; tenderness to palpation and muscle guarding over the paravertebral musculature, lumbosacral junction, bilateral sacral notches and right sacroiliac joint. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg-raising test or deficits in dermatomal sensation, reflexes or muscle strength. The treating physician has not documented an acute clinical change since the date of previous electrodiagnostic testing. The criteria noted above not having been met, EMG/NCV BLE Lumbar is not medically necessary.

Home Interferential Stimulation Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation Page(s): 118-120.

Decision rationale: The requested Home Interferential Stimulation Unit is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone... There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has low back pain with radiation to the lower extremities. The treating physician has documented lumbar spine revealed; tenderness to palpation and muscle guarding over the paravertebral musculature, lumbosacral junction,

bilateral sacral notches and right sacroiliac joint. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Home Interferential Stimulation Unit is not medically necessary.