

Case Number:	CM14-0141779		
Date Assigned:	09/10/2014	Date of Injury:	02/04/2004
Decision Date:	10/16/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on 02/04/2004 due to an unknown mechanism. Physical examination on 07/17/2014 revealed complaints of recent increase in low back pain that radiated into the left leg on the L5 distribution. There were also complaints that her transcutaneous electrical nerve stimulation (TENS) unit was old and broken. Examination revealed spasms of the low back. Sensation was decreased in the left posterior thigh. Range of motion for flexion, extension, was 0 degrees. Medications were not reported. The treatment plan was to replace the TENS unit and an electromyography/ nerve conduction study (EMG/NCS) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) Unit: Upheld

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

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

Decision rationale: The decision for Transcutaneous Electrical Nerve Stimulation (TENS) Unit is not medically necessary. The California Medical Treatment Utilization Schedule recommends

a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES devices), as there is no evidence to support their use in chronic pain. It was reported that the injured worker's TENS unit was broken. The functional improvement from using a TENS unit was not reported. The clinical information submitted for review does not provide evidence to justify the use of a TENS unit. Therefore, this request is not medically necessary.

Electromyography (EMG) of The Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter: Electromyography (EMGs)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The decision for Electromyography (EMG) of The Bilateral Lower Extremities is not medically necessary. The ACOEM guidelines state that electromyography (EMG), include H reflex tests, and may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. EMGs are not necessary if radiculopathy is present upon examination. It was not reported that radiculopathy was present upon examination. There were no specialty tests done in the examination to rule out radiculopathy. The clinical information submitted for review does not provide evidence to justify an electromyography (EMG). Therefore, this request is not medically necessary.

Nerve Conduction Study (NCS) of The Bilateral Lower Extremities: 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), Low Back chapter: Nerve Conduction Study (NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies

Decision rationale: The decision for Nerve Conduction Study (NCS) of The Bilateral Lower Extremities is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no documentation of a peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. Therefore, this request is not medically necessary.