

<b>Case Number:</b>	CM13-0063975		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 Physician 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 patient is a 27-year-old male who reported an injury on 07/01/2013. The patient was reportedly injured while carrying furniture. The patient was seen by [REDACTED] on 10/22/2013. The patient reported 8/10 lower back pain. Physical examination revealed a mildly antalgic gait, tenderness to palpation of the cervical spine, slightly diminished range of motion of the lumbar spine, diminished reflexes, and 5/5 motor strength in the bilateral lower extremities. Treatment recommendations included an MRI of the lumbar spine, EMG/NCS, laboratory studies, a TENS unit, acupuncture, physical therapy, a back brace, and prescriptions for acetaminophen 500 mg, tizanidine, and gabapentin 600 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EMG OF BILATERAL LOWER EXTREMITIES: 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): 303-305.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines indicate 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. According to the documentation submitted, the employee demonstrated 5/5 motor strength in the bilateral lower extremities with intact sensation upon physical examination. The employee is also pending an MRI of the lumbar spine. Based on the clinical information received, the request is non-certified.

**LABS: CMP, CBC, ANA, CRP, RA, TSH:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, PREOPERATIVE LAB TESTING; and the website: WWW.LABTESTSONLINE.COM, LAB TESTS ONLINE.

**Decision rationale:** The Official Disability Guidelines indicate a complete blood count is indicated for patients with disease and increase the risk of anemia or in patients in whom significant perioperative blood loss is anticipated. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities. The California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. According to the documentation submitted, the employee does not exhibit any signs or symptoms to suggest an abnormality. The medical necessity for the requested laboratory studies has not been established. Based on the clinical information received, the request is non-certified.

**TENS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines indicate transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. According to the documentation submitted, there is no evidence of a successful 1 month trial prior to the request for a purchase. There is also no evidence of a treatment plan including the specific short and long-term goals of treatment with the TENS unit. Based on the clinical information received, the request is non-certified.

**BRACE/DME MEDICATIONS:** 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): 300.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines indicate lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. According to the documentation submitted, the employee does not demonstrate significant instability upon physical examination. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.

**TIZANIDINE TID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines indicate muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. The employee does not demonstrate palpable muscle spasm or spasticity upon physical examination. Guidelines do not recommend long-term use of this medication. Based on the clinical information received, the request is non-certified.

**NCS OF BILATERAL LOWER EXTREMITIES:** 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): 303-305.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines indicate 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. According to the documentation submitted, the employee demonstrated 5/5 motor strength in the bilateral lower extremities with intact sensation upon physical examination. The employee is also pending an MRI of the lumbar spine. Based on the clinical information received, the request is non-certified.