

<b>Case Number:</b>	CM13-0067460		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Occupational Medicine, and is licensed to practice in California. 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:

According to the records made available for review, this is a 50-year-old female with a 5/29/12 date of injury. At the time (10/22/13) of request for authorization for EMG/NCV bilateral upper and lower extremities and TENS (Transcutaneous Electrical Nerve Stimulation) unit purchase, there is documentation of subjective (low back pain radiating to the bilateral lower extremities and into the foot, pain in the right shoulder radiating to the right arm/hand, and numbness in the bilateral hands) and objective (tenderness to palpation and spasm of the right upper trapezius and interscapular area, tenderness to palpation over the right cervical paravertebral muscles, decreased cervical range of motion with pain, decreased sensation in the right hand; examination of the lumbar spine revealed tenderness to palpation at L5 with spasms from L1-L5, positive straight leg raise, positive bilateral Lasegue's and Patrick's test, and decreased lumbar range of motion) findings, current diagnoses (myofascial sprain of the lumbar spine and myofascial sprain of the cervical spine), and treatment to date (physical therapy, activity modification, and medication). Regarding the requested EMG/NCV bilateral lower extremities, there is no documentation of focal neurologic dysfunction and evidence of radiculopathy. Regarding the requested TENS (Transcutaneous Electrical Nerve Stimulation) unit purchase, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV BILATERAL UPPER AND 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. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, ELECTRODIAGNOSTIC STUDIES

**Decision rationale:** The MTUS reference to ACOEM guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. The ODG guidelines identify documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, the ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of a diagnosis of myofascial sprain of the lumbar spine. In addition, there is documentation of low back symptoms lasting more than three to four weeks after 1-month of conservative treatment. However, despite documentation of objective findings (tenderness to palpation at L5 with spasms from L1-L5, positive straight leg raise, positive bilateral Lasegue's and Patrick's test, and decreased lumbar range of motion), there is no documentation of focal neurologic dysfunction and evidence of radiculopathy. Therefore, based on guidelines and a review of the evidence, the request for EMG/NCV bilateral lower extremities is not medically necessary.

**TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT PURCHASE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines RANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 113-117.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identify documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of myofascial sprain of the lumbar spine and myofascial sprain of the cervical spine. In addition, there is documentation of pain of at least three months

duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In addition, the requested TENS unit purchase exceeds guidelines (for a month trial). Therefore, based on guidelines and a review of the evidence, the request for TENS (Transcutaneous Electrical Nerve Stimulation) unit purchase is not medically necessary.