

<b>Case Number:</b>	CM14-0107426		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 49-year-old male who reported injury on 07/01/2009. The mechanism of injury was not documented in submitted report. The injured worker has diagnoses of cervical pain/cervicalgia, lumbalgia, and urinary incontinence. The injured worker's past medical treatment includes ESI injections, dorsal rami diagnostic blocks, physical therapy and medication therapy. Medications include Imitrex 25 mg 1 tablet by mouth once a day as needed for headaches, Cymbalta 60 mg 1 tablet by mouth once a day, Lyrica 25 mg 2 tablets by mouth twice a day, Cialis tablets 5 mg 1 tablet by mouth once a day, Tylenol with codeine 30/300 mg 1 tablet by mouth 4 times a day, loratadine 10 mg 1 tablet per day, Neurontin 300 mg 2 capsules 1 time a day, Prilosec 20 mg 1 by mouth once a day and ibuprofen 800 mg 1 tablet 3 times a day. An MRI obtained of the injured worker's lower back revealed disc herniation and foraminal narrowing at the L4-5 and L5-S1 levels. The date of the MRI was documented in submitted report. The injured worker complained of cervical pain. The injured worker rated it at a 3/10. He described it as aching, burning, intermittent and shooting. The injured worker was also experiencing radicular pain with weakness in the right and left arm. The injured worker also stated that he was having headaches and upper back pain. The injured worker rated the back pain at a 5/10. Physical examination dated 06/30/2014 revealed that the injured worker's gait and station were without abnormalities. Muscle strength for all groups were as follows: bilateral wrist extensors, bilateral wrist flexors, bilateral thumb abductors, bilateral finger extensors, bilateral finger flexors, bilateral finger abductors, bilateral biceps, bilateral triceps, bilateral shoulder abductors and bilateral shoulder adductors were 5-/5. Examination of the cervical spine revealed that the injured worker had mild tenderness to the paraspinous area. Muscle spasms were present radiating the posterior scalp and into both shoulders. Examination of both hands and arms were asymptomatic for numbness and weakness. The injured worker demonstrated L5

dermatome decrease to light touch and sensation on the left. C7 dermatome and C6 dermatome demonstrated decreased light touch sensation bilaterally. Straight leg raise testing revealed positive left side at 45 degrees, positive with pain radiating to the left buttocks. The treatment plan for the injured worker is to receive a lumbar x-ray and to continue the use of a TENS unit. The rationale for the request is that the TENS unit seems to be helping with the injured worker's pain. The Request for Authorization forms were submitted on 06/11/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS (transcutaneous electrical nerve stimulation) supplies x 12 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

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

**Decision rationale:** The request for TENS Unit supplies is not medically necessary. The injured worker complained of cervical pain. The injured worker rated it at a 3/10. He described it as aching, burning, intermittent and shooting. The injured worker was also experiencing radicular pain with weakness in the right and left arm. The injured worker also stated that he was having headaches and upper back pain. The injured worker rated the back pain at a 5/10. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend a one 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 three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day. The submitted report lacked any quantified evidence that the injured worker was using a TENS unit. There was no mention of its use in the documentation. Furthermore, there also lacked documentation of evidence of efficacy. As such, the supplies cannot be approved. Given the lack of evidence, the request is not medically necessary.

**Lumbar x-ray: 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 request for Lumbar x-ray is not medically necessary. The MTUS/ACOEM guidelines state lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it

would aid in patient management. The request for x-rays of the lumbar spine do not meet the MTUS Guideline criteria. There was no red flag conditions documented or submitted in the report, and there was no rationale of how the results of the x-ray would be used to direct future care of the injured worker. As such, the request for an x-ray of the lumbar spine is not medically necessary.