

<b>Case Number:</b>	CM14-0146930		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 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 52-year-old female who sustained an injury on 08/30/10. As per the report of 08/01/14, she complained of neck, back, and bilateral upper extremities pain, rated at 5/10. She reported that her pain spreads out to multiple parts of the body. She had more pain in the right shoulder as compared to the left. She had numbness in the right thumb. She had spasms in the neck and bilateral upper extremities, mostly with movement. She had an issue with gripping and grasping with difficulty opening jars and bottle caps. On 03/13/14, neurologic exam, reverse Phalen was positive on the index finger on the left. Grip strength was 42 on the right and 20 on the left. Tinel's at the wrist was positive on the left. There was positive cross-arm on the left. Back and lower extremities exam revealed positive Milgram's test. She had MRI of the neck and lumbar spine, but no findings were documented. Current medications include Ultracet, naproxen, and Flexeril. Past medical treatments have included epidural injections, acupuncture and massage therapy, which had been helpful. She had used Ultracet, naproxen, and Flexeril for pain, which was helpful. MRI of the C-spine was denied on 04/02/14. She had been using TENS unit since at least 03/13/14 and it helped to reduce her pain; 07/01/14 report indicated TENS unit had worn out. Diagnoses include discogenic cervical condition with facet inflammation and radiculopathy, ulnar neuritis on the right, medial and lateral epicondylitis bilaterally; carpal tunnel on the left; wrist joint inflammation bilaterally with CMC joint inflammation, worse on the right; and discogenic lumbar condition with facet inflammation and radiculopathy. The request for MRI of the lumbar spine and TENS unit replacement was denied on 08/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 - Lumbar & Thoracic

**Decision rationale:** According to the CA MTUS guidelines, MRI of lumbar spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to the ODG, MRI is recommended in uncomplicated low back pain, with radiculopathy after at least 1 month conservative therapy, with a history of prior lumbar surgery, if there is evidence of neurological deficits following trauma, when there are red flag signs, in cauda equina syndrome or with severe progressive neurological deficits following trauma. In this case, there is no documentation of at least one month conservative treatment; i.e. structured physical therapy program. There is no evidence of any red flag signs, severe progressive neurological deficits, and history of past or plan for lumbar surgery, history of trauma or cauda equina syndrome. Furthermore, the IW has had MRI of the L/S spine in the past and yet is not clear as to why a new MRI has been requested. Therefore, the medical necessity of the request for MRI of the L/S spine cannot be established per guidelines and due to lack of medical necessity.

**TENS (transcutaneous electrical nerve stimulation) unit replacement:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113.

**Decision rationale:** According to the CA MTUS guidelines, TENS for chronic pain is recommended as a one-month home-based trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive. Several published evidence-based assessments of TENS have found that evidence is lacking concerning effectiveness. TENS does not appear to have an impact on perceived disability or long-term pain. Per ODG guidelines, it is not generally recommended in chronic back pain as there is strong evidence that TENS is not more effective than placebo or sham. In this case, there is little to no documentation of significant decrease in pain level (i.e. VAS) with reduction in pain medications or improvement in function with its use. Therefore, the request for TENS is considered not medically necessary in accordance to guidelines and based on the available clinical information.

