

<b>Case Number:</b>	CM14-0169319		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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, 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:

This is a patient with a date of injury of 5/1/14. A utilization review determination dated 9/8/14 recommends non-certification of EDS, TENS, and Ultram. 8/12/14 medical report identifies pain in the low back radiating down the RLE with numbness and tingling in the foot. Current medications include bromocriptine, Flexeril, flunisolide, and Tylenol ES. On exam, there is limited ROM, more pain with extension than flexion of the lumbar spine, lumbar facet loading pain, and weakness in the right EHL. UDS was negative. Recommendations include EDS, lumbar ESI, medial branch blocks if the ESI fails, acupuncture, TENS, ibuprofen, Lyrica, and Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS for 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-TWC Low Back Procedure Summary

**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 Chapter, Electrodiagnostic Studies

**Decision rationale:** Regarding the request for Electromyogram (EMG) and Nerve Conduction Velocity (NCV), California MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, the patient is noted to have radiating pain with numbness and tingling and EHL weakness on the right. However, there is no rationale presented for initially utilizing invasive EMG testing rather than noninvasive imaging, which may obviate the need for EMG. Furthermore, there are no findings suggestive of peripheral neuropathy to support the medical necessity of NCS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested EMG/NCS is not medically necessary.

**TENS unit for home use:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 114-117 of 127.

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial as recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. Furthermore, there is no indication of failure of other appropriate pain modalities including medications, as it appears that the provider is seeing the patient for the first time and is instituting multiple forms of conservative management including medications that the patient has apparently not tried in the past. In light of the above issues, the currently requested TENS unit is not medically necessary.

**1 Prescription for Ultram 50mg TID and PRN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Ultram, California MTUS and American College of Occupational and Environmental Medicine (ACOEM) state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. Within the documentation available for review, it appears that the provider is seeing the patient for the first time and is instituting multiple forms of conservative management including medications that the patient has apparently not tried in the past. There is no clear rationale presented for the addition of opioids prior to reassessing the patient for pain relief from the other forms of treatment that were instituted given the significant potential for side effects described above. Furthermore, an open-ended prescription is not supported and, unfortunately, there is no provision for modification of the current request to allow for an appropriate duration of treatment. In light of the above issues, the currently requested Ultram is not medically necessary.