

<b>Case Number:</b>	CM14-0030674		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Neurological Surgery 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 24 year-old female who was reportedly injured on 3/30/2013. The mechanism of injury was noted as repetitive work duties of prolonged standing and walking, stocking and restocking of merchandise, dusting and moving shelves. The most recent progress note, dated 6/11/2014 indicated that there were ongoing complaints of cervical, thoracic and lumbar spine pains, bilateral knee pains and bilateral feet and ankle pains. The physical examination demonstrated cervical +2 spasms and tenderness to the bilateral paraspinal muscles from C4-C6 and bilateral sub occipital muscles. There was positive axial compression test bilateral for neurological compromise, positive shoulder depression test positive bilaterally, and thoracic +2 spasms and tenderness to the bilateral paraspinal muscles from T3-T9. Also, there are lumbar +3 spasms and tenderness to the bilateral lumbar paraspinal muscles from L3-S1 and multifidus. Positive Kemp's test was bilaterally and a positive straight leg raise on the right. Braggards test was positive on the right. The iliac compression was positive bilaterally. The right patellar reflex was decreased and the right Achilles reflex was decreased. There were shoulders +2 spasms and tenderness to the bilateral rotator cuff muscles and bilateral upper shoulder muscles, positive supraspinatus test bilaterally and knees +2 spasms and tenderness to the bilateral anterior joint lines, bilateral vastus medialis muscle and popliteal fossa's. Valgus test was positive bilaterally. McMurray's test was positive bilaterally. There were ankles and feet +3 spasms and tenderness to the bilateral lateral malleolus, right medial malleolus and bilateral anterior heels. There were diagnostics studies which included magnetic resonance images (MRI) of the lumbar spine and an electromyography/nerve conduction velocity of the bilateral lower extremities, but the official reports were not available for review in this clinical documentation. However, these studies had been referenced in the notes by the treating physician. MRI of the left knee without contrast, performed on 4/24/2014, revealed mild lateral patellar tilt, mild

chondromalacia of the medial patellar facet and small joint effusion. No meniscal tear, ligamentous injury, fracture or contusion noted. MRI of the right knee without contrast performed on 4/23/2014, revealed small joint effusion, lateral patellar tilt and subluxation with mild chondromalacia patella. Previous treatment included tramadol, a topical analgesic, physical medicine, and acupuncture therapy. A request had been made for lumbar spine support and a prime dual transcutaneous electrical nerve stimulator/Electrical muscle stimulation (TENS/EMS) unit to the lumbar spine and was not certified in the pre-authorization process on 2/13/2014.

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

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

**Prime-Dual-TENS/EMS Unit to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Transcutaneous Electrotherapy Page(s): 114-116 of 127.

**Decision rationale:** Based on the evidence based trials, there was no support for the use of a transcutaneous electrical nerve stimulator (TENS) unit as a primary treatment modality. The record reviewed does note chronic neck and back pain with associated spasm but did not provide documentation of a one month trial. In the absence of such documentation, this request does not meet guideline criteria for approval. As such, this request is not medically necessary.

**Lumbar spine support:** 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.

**Decision rationale:** The 24-year-old female is currently not in an acute postoperative setting and there was no documentation of instability or spondylolisthesis with flexion or extension of the lumbar spine. As such, this request is not considered medically necessary.