

<b>Case Number:</b>	CM14-0046797		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/05/2003
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Family Practice 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:

50 year old female claimant sustained a work injury on 8/5/03 involving the low back. She was diagnosed with lumbar radiculitis and myofasciitis. A progress note on 3/6/14 indicated the claimant had tenderness in the paralumbar region with weakness and straight leg raise findings in the lower extremities. The treating physician requested an EMG/NCV to determine nerve involvement, an Ergonomic chair, an MRI of the lumbar spine and a purchase of TENS unit for pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, an EMG is not recommended for clinically obvious neuropathy. In this case, the injury is chronic with a diagnosis of radiculopathy and a positive straight leg raise. The diagnosis does not require clarification and an EMG is not medically necessary.

**NCV bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain.

**Decision rationale:** According to the ACOEM and ODG guidelines, an NCV is not recommended for clinically obvious neuropathy. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the injury is chronic with a diagnosis of radiculopathy and a positive straight leg raise. The diagnosis does not require clarification and an NCV is not medically necessary.

**Ergonomic chair with lumbar support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain.

**Decision rationale:** According to the ODG and ACOEM guidelines, there is little evidence for the use of a lumbar support chair and it does not provide lasting relief. It is not recommended. It is an option in compression fractures and/or treatment of instability. The request for an ergonomic chair with lumbar support is not medically necessary.

**TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 113-114.

**Decision rationale:** According to the MTUS guidelines, a TENS unit 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, for multiple sclerosis, spasticity, phantom limb pain and CRPS (complex regional pain syndrome). The claimant does not have these diagnoses. In addition, the length of time for

TENS use is not specified and a purchase is not necessary. Based on the above, the request for a TENS unit is not medically necessary.