

<b>Case Number:</b>	CM14-0082391		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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:

The injured worker is a 51-year-old female who reported an injury on 02/24/2014. The mechanism of injury was not provided. On 03/07/2014, the injured worker presented with complaints of neck and head pain. Upon examination of the cervical spine, there was stiffness and muscle tenderness over the paracervical and trapezius C3-7, unrestricted range of motion, and no evidence of muscle weakness in the paracervical musculature. The injured worker ambulated with a normal gait with full weightbearing on the bilateral lower extremities. Prior diagnostic studies included a CT scan, which was negative and stable. The diagnoses were sprain/strain of the cervical, blunt head trauma, contusion with LOC brief, muscle spasm of the neck, and pain in the neck, cervicalgia. Prior therapy included physical therapy and medications. The Request for Authorization for a consultation was dated 07/01/2014. The provider recommended an EMG of the bilateral upper extremities and nerve conduction studies of the bilateral upper extremities, an EMG of the bilateral lower extremities, and NCS of the bilateral lower extremities, consultation and a TENS unit and supplies. The provider's rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of Both Upper Extremities/ Cervical: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official

Disability Guidelines - Treatment in Workers Compensation. Neck and Upper Back (updated 5/14/13).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The injured worker is a 51-year-old female who reported an injury on 02/24/2014. The mechanism of injury was not provided. On 03/07/2014, the injured worker presented with complaints of neck and head pain. Upon examination of the cervical spine, there was stiffness and muscle tenderness over the paracervical and trapezius C3-7, unrestricted range of motion, and no evidence of muscle weakness in the paracervical musculature. The injured worker ambulated with a normal gait with full weightbearing on the bilateral lower extremities. Prior diagnostic studies included a CT scan, which was negative and stable. The diagnoses were sprain/strain of the cervical, blunt head trauma, contusion with LOC brief, muscle spasm of the neck, and pain in the neck, cervicalgia. Prior therapy included physical therapy and medications. The Request for Authorization for a consultation was dated 07/01/2014. The provider recommended an EMG of the bilateral upper extremities and nerve conduction studies of the bilateral upper extremities, an EMG of the bilateral lower extremities, and NCS of the bilateral lower extremities, consultation and a TENS unit and supplies. The provider's rationale was not provided.

**NCS of Both Upper Extremities/ Cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation. Neck and Upper Back (updated 5/14/13).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for an NCS of the bilateral upper extremities/cervical is non-certified. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocity, including H-reflex test may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The included medical document notes spasm of the neck muscles over there paracervical and trapezius C3-7, unrestricted range of motion and no evidence of muscle weakness. There was a lack of neurological deficits pertaining to the cervical spine documented. There was a lack of evidence of a positive Spurling's test, decreased reflexes, decreased strength, or decreased sensation. There is a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. An adequate examination of the injured worker was not provided detailing current deficits to warrant an EMG or NCS of the upper extremities. As such, the request is non-certified.

**EMG of Both Lower Extremities/ Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Low Back Procedure Summary (Updated 10/09/2013).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for an EMG of the bilateral lower extremities/lumbar is non-certified. The California MTUS/ACOEM Guidelines state that electromyography may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting 3 to 4 weeks. The clinical documentation noted intact sensation to the bilateral lower extremities, no apparent weakness was noted in the bilateral lower extremities, and normal muscle tone. There was a lack of neurological deficits pertaining to the lumbar spine documented. There was a lack of evidence of a positive straight leg raise, sensation, motor strength, or reflex deficits. There is also no indication of a failure to respond to conservative treatment to include physical therapy and medications. As such, the request is non-certified.

**NCS of Both Lower Extremities/ Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Low Back Procedure Summary (Updated 10/09/2013).

**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, NCV.

**Decision rationale:** The request for an NCS of the bilateral lower extremities/lumbar is non-certified. The Official Disability Guidelines state that an NCS is not recommended. There is minimal justification for performing a nerve conduction study when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is a lack of documentation indicating positive provocative testing indicating pathology to the lumbar that revealed lack of functional deficits. There is no evidence of a positive straight leg raise, sensation, motor strength, or reflex deficits. There is a lack of documentation of a failure to respond to conservative treatment to include physical therapy and medication management. Furthermore, the guidelines do not recommend an NCS for the lower extremity. As such, the request is non-certified.

**Consultation with Psychiatrist/ psychologist (Chronic Pain):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Mental Illness and Stress Procedure Summary (Updated 04/09/2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

**Decision rationale:** The request for consultation with a psychiatrist/psychologist for chronic pain is non-certified. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There is no clear rationale to support a consultation with a psychiatrist/psychologist. There were no signs or symptoms of mental health deficits needing to be addressed in the medical documents provided. As such, the request is non-certified.

**TENS Unit & Supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 04/10/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** The request for a TENS unit and supplies is non-certified. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 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. The results of studies are inconclusive, the published trials have not provided information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about longterm effectiveness. There is a lack of documentation indicating significant deficits upon physical examination. The efficacy of the injured worker's previous courses of conservative care was not provided. The request is also unclear as to if the injured worker needs to rent or purchase the TENS unit. Additionally, the site that the TENS unit is intended for was not provided in the request as submitted. As such, the request is non-certified.