

<b>Case Number:</b>	CM14-0196693		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal 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 (IW) is a 39-year-old man with a date of injury of January 24, 2013. The mechanism of injury was a motor vehicle accident as he was performing his usual work duties as a bus driver. He sustained injuries to his cervical spine, thoracic spine, head, right shoulder, and right foot. The IW reports that he has had 15 to 20 visits of physical therapy. The injured worker's working diagnoses are cervical spine sprain/strain; herniated cervical disc at C5-C7 and C6-C7 with radiculitis/radiculopathy; right shoulder sprain/strain, rule out tendinitis impingement, cuff tear, internal derangement; mid back sprain/strain; right foot sprain/strain; symptoms of anxiety and depression; and insomnia. Pursuant to the progress note dated September 25, 2014, the IW is not currently being treated for his injuries, and is working full time as a bus driver. He complains of constant pain in the neck. He describes the pain as burning, and rates the pain 7/10. The pain travels to the thoracic spine, extending to his bilateral shoulders. Other complaints include pain to the lumbar spine, right shoulder, upper back and right foot. Current medications include Tylenol and Omeprazole. Examination of the cervical spine reveals decreased lordosis. Palpation of the cervical spine reveals tightness and spasms. Spurling's test and Foramina compression test are positive. Examination of the right shoulder reveals subacromial popping and grinding. There is tenderness of the rotator cuff muscles. Lumbar spine examination reveals normal range of motion (ROM). ROM of the bilateral ankles/feet is normal. There is tenderness to the mid tarsal and right forefoot. The treating physician is requesting authorization for EMG/NCV of the bilateral upper extremities; TENS unit 60-day trial to the right shoulder, cervical and thoracic spine; and MRI of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Bilateral Upper Extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Section, EMG/NCV.

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG/nerve conduction velocity studies bilateral upper extremities are not medically necessary. Nerve conducted studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, recommend this if EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on the clinical examination. In this case, the injured worker's diagnoses are cervical spine sprain/strain herniated cervical this C6 - C7 with radiculitis/radiculopathy; right shoulder sprain/strain rule out tendinitis, impingement, cuff tear, internal derangement; mid back strain/sprain; right foot sprain/strain; anxiety and depression; and insomnia. The documentation indicates the injured worker has cervical spine pain. There is no documentation subjectively or objectively indicating the injured worker has a radiculopathy. Additionally, there are no red flags that warrant further electrodiagnostic testing. Consequently, absent the appropriate clinical signs and symptoms, clinical indication and rationale, the request for EMG/NCV I lateral upper extremities is not medically necessary.

**TENS Unit 60 day rental - Right Shoulder, Cervical and Thoracic: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, TENS.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit 60 day rental right shoulder, cervical and thoracic is not medically necessary. The guidelines enumerate the criteria for the use of TENS. These criteria include, but are not limited to, a one month trial of the TENS unit should be documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be referred over purchase during this trial; a treatment plan including specific short and long-term goals of treatment with the tens unit should be submitted; etc. See guidelines for additional details. In this case, the injured worker's diagnoses are cervical spine sprain/strain herniated cervical this C6 - C7 with radiculitis/radiculopathy; right shoulder sprain/strain rule out tendinitis, impingement, cuff tear, internal derangement; mid back strain/sprain; right foot sprain/strain; anxiety and depression; and insomnia. The treating

physician requested a tens unit 60 day rental. The guidelines recommend a one month trial with documentation of that one month trial. The guidelines indicate a one-month TENS trial is indicated, consequently, the request for TENS unit 60 day rental right shoulder, cervical and thoracic is not medically necessary.