

<b>Case Number:</b>	CM15-0137206		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	11/04/2008
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 52 year old male sustained an industrial injury on 11/04/08. He subsequently reported low back pain. Diagnoses include lumbar discogenic disease, lumbar strain and lumbago. Treatments to date include MRI and x-ray testing, spine surgery, physical therapy and prescription pain medications. MRI on 1/19/15 shows disc bulge at L3/4 with bilateral neural foraminal narrowing. The injured worker continues to experience low back pain with radicular symptoms to the lower extremity. Upon examination, there was tenderness to palpation over the lumbar spine. Spasms, limited and painful range of motion was noted in the lumbar back. Lasegue and straight leg raising tests were positive bilaterally. A request for H-wave unit purchase, Bilateral lumbar epidural steroid injection at L3-4 and EMG (Electromyography)/ NCS (Nerve Conduction Study) of bilateral lower extremities was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118 of 127.

**Decision rationale:** Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation there is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. There was documentation of a request for another tens unit since the current one stopped working. In the absence of such documentation, the currently requested H wave device is not medically necessary.

**Bilateral lumbar epidural steroid injection at L3-4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** Regarding the request for Bilateral lumbar epidural steroid injection at L3-4, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are imaging studies corroborating the diagnosis of radiculopathy. Therefore, the currently requested bilateral lumbar epidural steroid injection at L3-4 is medically necessary.

**EMG (Electromyography)/ NCS (Nerve Conduction Study) of bilateral lower extremities:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Low Back-Lumbar and Thoracic, EMGs (Electromyography), Nerve Conduction Studies (NCS).

**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 EMG (Electromyography)/ NCS (Nerve Conduction Study) of bilateral lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to 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, there are physical examination and imaging studies' findings supporting a diagnosis of specific nerve compromise. Additionally, there is no documentation that the patient has failed conservative treatment directed towards these complaints. In the absence of such documentation, the currently requested EMG (Electromyography)/ NCS (Nerve Conduction Study) of bilateral lower extremities is not medically necessary.