

<b>Case Number:</b>	CM15-0056142		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 male patient, who sustained an industrial injury on 02/22/2010. A primary treating office visit dated 11/18/2014, reported subjective complaints of experiencing persistent pain on neck and low back. He has completed 12 sessions of physical therapy, beginning the second course of another 12 sessions, status post right shoulder surgery. He is found having difficulty with range of motion and with strength. In addition, he complains of sleep difficulty. He is currently not working. Pending is a recommendation for a physiatrist referral. The following diagnoses are applied: discogenic cervical condition with three level disc disease, discogenic lumbar condition, impingement syndrome of right shoulder and chronic pain syndrome. The plan of care involved prescribing Norco, LidoPro, Naprozyn, Tramadol ER, and Effexor, recommending nerve study and physiatrist referral. He is to follow up in one month's time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** ACOEM Guidelines chapter 12 indicates that EMG/NCV may help identify subtle neurological dysfunction in patients with leg symptoms. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurological dysfunction in patients lasting three or four weeks. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiologic insult and anatomical defects. The submitted documents and IW's complaints and physical exam findings fail to substantiate the need for EMG/NCV as outlined above. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

**DME: TENS Unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS, Chronic Pain.

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

**Decision rationale:** According to the MTUS, TENS 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 the conditions described below, a home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II, CRPS I, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. According to the documents available for review, injured worker has none of the MTUS/ recommended indications for the use of a TENS unit. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

**Cervical Traction with Air Bladder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Traction.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Traction.

**Decision rationale:** The ODG indicates that studies have concluded there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. According to the documents available for review, there is no rationale provided to support a Cervical Traction with Air Bladder. Therefore, at this time, the requirements for treatment had not been met and medical necessity has not been established.

**Physiatrist Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Independent Medical Examinations and Consultations Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**Decision rationale:** The ACOEM Chapter 2 on General Approaches to Pain indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support a referral to a physiatrist. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.