

<b>Case Number:</b>	CM14-0125514		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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, and is licensed to practice in Nevada. 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 50-year-old female who was reportedly injured on December 20, 2013. The mechanism of injury is noted as feeling low back pain after lifting a patient at work. The most recent progress note dated March 4, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. Pain is rated at 7/10. The physical examination demonstrated no tenderness along the lumbar spine paraspinal muscles orally sciatic notches. There was a positive left-sided straight leg raise test and an otherwise normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right-sided L4 - L5 discectomy in November 2012 and physical therapy. A request was made for the use of a tens unit, an magnetic resonance image of the lumbar spine, and electromyogram/nerve conduction study studies of the lower extremities and was not certified in the pre-authorization process on July 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

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

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

**Decision rationale:** The California Treatment Guidelines support the use of a transcutaneous electrical nerve stimulation (TENS) unit in certain clinical settings of chronic pain, as a one-month trial when used as an adjunct to a program of evidence-based functional restoration for certain conditions, and for acute postoperative pain in the first 30 days following surgery. Based on the evidence-based trials, there is no support for the use of a TENS unit as a primary treatment modality. The record provides no documentation of an ongoing program of evidence-based functional restoration. In the absence of such documentation, this request for the use of a tens unit is not medically necessary.

**MRI of the lumbar sacral spine:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Low Back Disorders - Diagnostic Investigations - MRI (electronically sited).

**Decision rationale:** The American College of Occupational and Environmental Medicine Practice Guidelines support a magnetic resonance image (MRI) of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records does not indicate the presence of a radiculopathy. As such, this request for an MRI of the lumbar spine is not medically necessary.

**EMG/NCS of the lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

**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), 2nd Edition, (2004): Forearm, Wrist, and Hand - Diagnostic Investigations (electronically cited).

**Decision rationale:** The American College of Occupational and Environmental Medicine Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography or magnetic resonance image is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. According to the progress note dated March 4, 2014, there are no signs or symptoms of a radiculopathy. As such, this request for EMG/NCS studies of the lower extremities is not medically necessary.