

<b>Case Number:</b>	CM14-0179043		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	04/08/2007
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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, has a subspecialty in Nephrology 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:

This is a 64-year-old male with a 4/8/07 date of injury. According to a progress report dated 9/11/14, the patient complained of persistent pain in the right shoulder and low back rated at a 7/10 on a daily basis. He mentioned that he benefitted from using the TENS unit for pain reduction. He also reported numbness and tingling in the low back that radiated to the left leg and went into the left foot. According to an 8/4/14 report, the provider has requested a repeat magnetic resonance imaging (MRI) of the lumbar spine and electromyography (EMG) studies in light of persistent pain, numbness, and tingling. Objective findings: right upper extremity lateral abducts to 135 degrees and lumbar flexion to 30 degrees and extension to 20 degrees. Diagnostic impression: lumbosacral pain down lower extremities with intermittent numbness, tingling, and weakness on the left; right shoulder impingement with AC joint inflammation. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 10/2/14 denied the requests for MRI, EMG/NCS, and TENS pads. Regarding MRI, there is documentation of a prior lumbar MRI. There is not documentation of a significant change in symptoms and/or findings suggestive of significant pathology. Regarding EMG/NCS of bilateral lower extremities, there is not a rationale supporting the need for a repeat EMG/NCS study. Regarding TENS pads, the medical record does not document a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI

**Decision rationale:** California MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, according to the reports reviewed, there is no documentation of focal neurological deficits noted on physical examination. In addition, this is a request for a repeat magnetic resonance imaging (MRI), however, the previous MRI date and findings were not provided. There is no documentation of any acute interval change that would warrant a repeat MRI. Furthermore, there is no documentation as to failure of conservative management and no mention of surgical consideration. Therefore, the request for MRI of the lumbar spine was not medically necessary.

**EMG/NCS 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), Low Back chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - EMG/NCV

**Decision rationale:** California MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the present case, there is no documentation of bilateral lower extremity neurological issues. The subjective numbness and tingling do not constitute radiculopathy or peripheral neuropathy, as there was no detailed provocative testing for confirmation. In addition, there was no documentation that the patient has failed conservative therapy. Therefore, the request for EMG/NCS bilateral lower extremities was not medically necessary.

**Transcutaneous electrical nerve stimulation (TENS) unit pads:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. In the present case, the patient is noted to have previously used a TENS unit with benefit. However, the specific subjective and objective functional improvements directly related to the use of TENS unit are not clearly outlined. In addition, there is no documentation of the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no documentation of decreased medication use as a result of using the TENS unit. Due to the fact that the medical necessity for the continued use of a TENS unit has not been established, this substantiated request for TENS unit supplies cannot be substantiated. Therefore, the request for Transcutaneous electrical nerve stimulation (TENS) unit pads was not medically necessary.