

<b>Case Number:</b>	CM15-0112102		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	10/12/2006
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 12, 2006. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve requests for a replacement TENS unit and electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced a RFA form received on May 26, 2015 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most recent note on file was in fact dated February 18, 2015; thus, the May 26, 2015 RFA form did not appear to have been incorporated into the IMR and/or any associated progress note (s) did not appear to have been incorporated into the IMR packet. On February 12, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy. The applicant had also sustained a postoperative stroke, it was suggested. 4-9/10, severe, constant low back pain complaints were reported. The applicant was not doing well. The applicant was given a Toradol injection. Norco and Restoril were prescribed. The applicant's work status was not detailed, although it did not appear that the applicant was working. On January 27, 2015, the applicant again reported severe low back pain complaints. Toradol injection and Norco were again endorsed. Once again, the applicant's work status was not detailed, although it did not appear that the applicant was working. In a Medical-legal Evaluation dated August 29, 2008, it was stated that the applicant had been off of work, on total temporary disability, since October 2006.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS lower extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309; 477. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg 848.

**Decision rationale:** The request for electrodiagnostic testing of bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is not recommended in applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant was described on multiple office visits, referenced above, including on February 12, 2015, as carrying a diagnosis of clinically obvious radiculopathy, with complaints of low back pain radiating to the leg status post earlier failed lumbar laminectomy surgery. It is not clear why EMG testing was proposed in the face of the applicant's clinically obvious radiculopathy. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that electrical studies (AKA nerve conduction testing) is not recommended without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, there was no mention of the applicant having suspected tarsal tunnel syndrome, entrapment neuropathy, generalized peripheral neuropathy, etc. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does recommend nerve conduction testing where there is peripheral systemic neuropathy of uncertain cause, here, however, it did not appear that the applicant had any kind of suspected peripheral neuropathy. There was no mention of the applicant's having superimposed disease processes such as diabetes, hypothyroidism, alcoholism, hepatitis, etc. , which would have compelled the nerve conduction study (NCS) component of the request. The most recent note on file dated February 12, 2015 did not detail or recount the applicant's medical history. While it is acknowledged that the May 26, 2015 RFA form on which the article in question was proposed was not incorporated into the IMR packet, the historical information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.

**Replacement TENS unit:** 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 Criteria for the use of TENS Page(s): 116.

**Decision rationale:** Similarly, the request for replacement TENS unit was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the said TENS unit, with beneficial effects evident in terms of pain relief and function. Here, recent notes on file of February 2015 suggested that the previously provided TENS unit had not, in fact, proven particularly successful. The applicant continued to present to the clinic

setting reporting frequent flares of pain requiring usage of injectable Toradol and oral Norco. The applicant was off of work, it was reported on a historical Medical-legal Evaluation of August 29, 2008. It did not appear, in short, that the previously provided TENS unit had generated any lasting benefit in terms of the functional improvement parameters established in MTUS 9792. 20e. While it is acknowledged that the May 26, 2015 RFA form in which the article in question was proposed was not seemingly incorporated into the IMR packet, the historical information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.