

<b>Case Number:</b>	CM15-0117349		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	02/17/2015
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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 24 year-old male, who sustained an industrial injury on 2/17/2015. He reported a physical altercation with a co-worker, resulting in nasal fracture, headaches, broken teeth, and pain to his neck and upper back. The injured worker was diagnosed as having thoracic/cervical sprain/strain and tension headaches. Treatment to date has included diagnostics, chiropractic, physical therapy, mental health treatment, and medications. Currently, the injured worker complains of activity dependent, moderate to dull neck pain, rated 4/10, and occasional mild to dull upper-mid back pain. Cervical range of motion was painful and decreased in right and left lateral bending at 40/45 degrees. There was tenderness to palpation of the cervical para-vertebral muscles and spasm. Cervical compression test was positive. No other objective findings were documented. The treatment plan included computerized tomography of the cervical and thoracic spines and electromyogram and nerve conduction studies of the upper and lower extremities. A transcutaneous electrical nerve stimulation unit was also requested to assist with activities of daily living at home. His work status was full duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electrical nerve stimulation) unit, for Thoracic & Cervical spine, 30 day rental: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**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.

**CT (computed tomography) scan of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): table 8-7, table 12-7.

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

**Decision rationale:** According to the documents available for review, the IW has none of the indications for cervical spine imaging as outlined in the ODG. Specifically, there is no evidence of fracture on plain film, no evidence of myelopathy, neurological deficit, infectious disease, prior fusion or pars defect. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore, the request is not medically necessary.

**EMG (electromyography)/ NCV (nerve conduction velocity) of the Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** ACOEM Guidelines chapter 8 indicates that EMG/NCV may help identify subtle neurological dysfunction in patients with neck and arm 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 with neck or arm symptoms or both, 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 defect in the case of neck pain. 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. Therefore, the request is not medically necessary

**CT (computed tomography) scan of the Thoracic Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): table 8-7, table 12-7.

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

**Decision rationale:** According to the documents available for review, the IW has none of the indications for thoracic spine imaging as outlined in the ODG. Specifically, there is no evidence of fracture on plain film, no evidence of myelopathy, neurologic deficit, infectious disease, prior fusion or parts defect. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore, the request is not medically necessary.