

<b>Case Number:</b>	CM15-0076488		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 60 year old female, who sustained an industrial injury on February 13, 2013. The injured worker has been treated for neck, low back and bilateral upper extremity complaints. The diagnoses have included lumbar sprain/strain with radiculopathy, cervical sprain/strain with radiculitis, bilateral wrist/hands sprain/strain and bilateral carpal tunnel syndrome. Treatment to date has included medications, radiological studies, physical therapy, injections, chiropractic care, acupuncture treatments and extracorporeal shockwave treatment. Current documentation dated February 10, 2015 notes that the injured worker reported neck, low back, bilateral wrists and hand pain and left foot and ankle pain. The low back pain radiated down both lower extremities and into the left heel. Examination of the cervical spine revealed tenderness bilaterally and a positive cervical compression test bilaterally. The injured worker also had a positive shoulder depression test bilaterally and a positive Spurling's test bilaterally. Hand and wrist examination revealed a decreased range of motion and a positive Tinel's sign and Phalen's test bilaterally. Lumbar spine examination revealed tenderness, spasms, a, a decreased range of motion and a positive straight leg raise test bilaterally. The treating physician's plan of care included requests for an electromyography and nerve conduction velocity study of the upper extremity and a transcutaneous electrical nerve stimulation unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV studies of the upper extremity:** 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 TENS criteria Page(s): 116.

**Decision rationale:** The request is for EMG/NCV for the bilateral wrists in a patient with known bilateral carpal tunnel syndrome (CTS). This claimant has had multiple electrodiagnostic studies (EDS) with a confirmed diagnosis of bilateral CTS. The last EDS was only 18 months prior to this request and there is no indication in the records submitted that the patient is planning to undergo surgery or other change in the clinical condition that would warrant another EDS. In addition, there is no documentation of complaints of tingling, numbness or weakness in a dermatomal pattern in the upper extremities. Therefore an EMG/NCV to rule out cervical radiculopathy is not indicated. This request is deemed not medically necessary.

**TENS unit- cervical, bilateral shoulders, bilateral wrists, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 271-273.

**Decision rationale:** The request is for purchase of a TENS unit for the diagnoses of chronic cervical spine, bilateral shoulder, bilateral wrist and LS spine pain. The claimant has not received the recommended one month trial specified in the MTUS guidelines before purchase of the unit can be considered. The request is not medically necessary at this time.