

Case Number:	CM13-0028555		
Date Assigned:	01/31/2014	Date of Injury:	02/13/2012
Decision Date:	04/25/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/25/2013

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 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:

The patient is a 60 year old female who was injured on 02/13/2012. The mechanism of injury is unknown. Prior treatment history has included therapy for approximately 1 month with no benefit. She has had a total of 12 injections between September and October of 2012. The patient underwent left cervical transforaminal nerve block on 10/18/2012 and a left cervical transforaminal nerve block on 09/20/2012 Diagnostic studies reviewed include EMG/NCV studies of the upper extremities performed on 03/08/2013 revealed normal EMG study of the cervical spine and upper extremities without evidence of radiculopathy; abnormal NCV/SSEP of the upper extremities in a pattern consistent with bilateral carpal tunnel syndrome, a right ulnar sensory neuropathy that is consistent with constriction at Guyon's tunnel and a possible cervical radiculopathy. MRI of the left shoulder performed on 08/31/2013 revealed moderately severe supraspinatus tendinosis with surface fraying and reactive bursitis. There is no discrete tear or through and through tear identified; and capsulitis which is likely an adhesive capsulitis. Nerve Conduction studies performed on 03/08/2013 revealed abnormal NCV/SSEP of the upper extremities in a pattern consistent with bilateral carpal tunnel syndrome, a right ulnar sensory neuropathy that is consistent with constriction at Guyon's tunnel, and a possible cervical radiculopathy. X-ray of left shoulder performed on 11/02/2012 revealed no bony abnormalities. MRI of the cervical spine with and without contrast performed on 05/10/2012 revealed: 1) Multilevel posterior disc protrusions C3 throughout T1 as described; moderate central canal stenosis #-C6 with sagittal midline diameter of 7.5 mm secondary to posterior disc protrusion as well as compression and posterior displacement of traversing left C7 root and also straightened cervical alignment 2) At C2-C3, spurring of the anteroposterior endplate of C3 3) At C3-4, a 2.5 mm posterior left posterolateral disc protrusion and also a mild compression of the anterior thecal sac 4) C4-C5, there is a 2.1 mm posterior disc protrusion. 5) C5-C6, there is a 4.5 mm

posterior disc protrusion. There is moderate compression of the anterior aspect of the cord. There is a diameter is 7.5 mm consistent with moderate central canal stenosis. There is left foraminal stenosis; a traversing left C7 root displaced posteriorly. 6) C6-C7, there is a 2.1 mm posterior disc protrusion. There is mild left foraminal stenosis. At the posterior endplate of T1 is an oval-shaped signal suggestive of an osteochondral cyst measuring 5.8 mm x 2.9 mm Orthopedic note dated 09/13/2013 documented the patient to have complaints of frequent pain in the cervical spine which radiates to the arms at 7/10. The pain is made worse by ADLs and is relieved by rest, physical therapy and medication. The patient also complains of intermittent pain in the left shoulder, 6/10, which pain is made worse by ADL and relieved by rest, physical therapy and medication. Physical examinations reveals findings such neck tenderness noted over the trapezius, paracervical and midline cervical spine bilaterally, 3+ reflexes in the left upper extremity, grade 4 muscle weakness in the left deltoids and left wrist in all plans of movement in the left deltoids and left wrist in all plans of movement; decreased sensation in the left C6 dermatomes and decreased range of motion. The shoulders reveal tenderness of the greater tuberosity and subacromial bursa on the right, Neer and Hawkin's test positive on the right, grade 4 muscle weakness in the right shoulder abduction, external rotation. There was decreased range of motion on the left. The patient was diagnosed with left sides C5-6 disc herniation with spinal cord impingement and myelopathy and left shoulder impingement syndrome. Office note dated 05/20/2013 states the patient is diagnosed with cervical protruding disc syndrome with upper extremity radiculopathy, left should

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO NEUROSTIMULATOR TENS/EMS TRIAL X 10 MONTHS 6/14/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-117.

Decision rationale: According to MTUS Chronic Pain Treatment Guidelines, TENS units are not recommended as a primary treatment modality, and may only be considered as an adjunctive treatment option as part of a comprehensive functional restoration program for certain conditions, such as complex regional pain syndrome (CRPS) or neuropathic pain. The medical records do not document any diagnosis of CRPS or neuropathic pain. There is also no documentation of a functional restoration program treatment plan. Based on the lack of documentation, the request is non-certified.