

<b>Case Number:</b>	CM13-0030272		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	09/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Internal Medicine, 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 injured worker is a 30-year-old female who reported an injury on 04/25/2011 due to a slip and fall. The injured worker reportedly sustained injuries to her neck, mid, and lower back. The injured worker's treatment history included physical therapy, medications, activity modifications, and chiropractic care. The injured worker was evaluated on 07/29/2013. It was noted that the injured worker was off of work since the date of injury and had been placed on temporary disability. Physical findings included tenderness to palpation of the cervical spine with restricted range of motion and a positive cervical distraction test bilaterally. It was noted that the injured worker had decreased motor strength of the bilateral upper extremities secondary to pain. Evaluation of the thoracic spine documented tenderness to palpation and muscle guarding along the T4 through T6 musculature with a positive Kemp's test bilaterally. Evaluation of the lumbar spine documented limited lumbar range of motion secondary to pain with tenderness to palpation over the bilateral paraspinous musculature and process with a positive straight leg raising test bilaterally and a positive Braggard's test bilaterally, decreased sensation in the L4, L5, and S1 dermatomes on the right lower extremity with decreased motor strength of the bilateral lower extremities secondary to pain. The injured worker's diagnoses included cervical spine sprain/strain, cervical radiculopathy, thoracic spine sprain/strain, lumbar spine disc herniation, and lumbar radiculopathy. The injured worker's treatment recommendations at that time were continuation of prescribed medications, a TENS unit for home use, and a Functional Capacity Evaluation. The injured worker was evaluated on 01/28/2014. It was documented that the injured worker continued to be off of work and had not reached maximum medical improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TENS UNIT WITH SUPPLIES:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend a TENS unit as an adjunct therapy to a functional active restoration program. The clinical documentation submitted for review does not indicate that the injured worker is currently participating in any type of active therapy that would benefit from an adjunct therapy of a TENS unit. Additionally, the request as it is submitted does not clearly identify if this is for rental or purchase. The MTUS Chronic Pain Guidelines recommend a TENS unit with supplies be purchased after a 30 day clinical trial provides functional benefit and pain relief. There is no documentation that the injured worker has undergone a 30 day trial. As such, the requested TENS unit with supplies is not medically necessary or appropriate.

**1 FCE REFERRAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** ACOEM Guidelines recommend Functional Capacity Evaluations when a more precise delineation of the patient's functional capabilities is required than what can be obtained during a regular physical exam. The clinical documentation submitted for review does not clearly justify the need for a more in depth evaluation than what can be obtained during a regular physical evaluation to determine the injured worker's capacity to perform normal job duties. The clinical documentation fails to provide any evidence that the injured worker is in preparation for returning to the workforce. Additionally, there is no documentation that the injured worker is at or near maximum medical improvement. Therefore, the need for a Functional Capacity Evaluation is not clearly established. As such, the requested 1 Functional Capacity Evaluation referral is not medically necessary or appropriate.