MAXIMUS Federal Services

| Case Number: | CM13-0032691 | | |
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| Date Assigned: | 12/11/2013 | Date of Injury: | 06/04/2012 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 10/08/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

This is a 41-year-old gentleman injured in a work-related accident on 6/4/12 sustaining injury to his cervical spine. The clinical records for review include a recent assessment dated 11/14/13 with treating physician, [redacted], an orthopedic surgeon, indicating ongoing complaints of pain about the spine with dysesthesias to the left third, fourth, and fifth digits with intermittent tingling and numbness. Examination showed restricted range of motion, equal and symmetrical reflexes, and increased dysesthesias with tilting his head to the left. There was loss of grip strength when compared to the right. The treatment plan at that time was for a TENS unit as well as referral for epidural steroid injections which it states that he "declines." A previous MRI report dated 10/25/13 showed multilevel cervical spondylosis. Electrodiagnostic studies dated 10/24/13 showed findings consistent with a mild acute left C7 radiculopathy. Previous assessment dated 8/20/13 stated a pain management referral was being recommended for the sole purpose of an epidural steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to pain management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Based on California ACOEM Guidelines, referral for a pain management assessment in this case would not be indicated. While California ACOEM Guidelines do recommend the role of referral to health care practitioners if diagnosis if uncertain or when the course of care may benefit from additional expertise, it must be particularly noted in this case that the referral for pain management was for the sole purpose of an epidural steroid injection. At last clinical assessment, it stated that the claimant had no interest in this form of modality. Given the fact that the claimant had no interest for the sole purpose of the referral, the specific request would not be indicated.

**TENS 4 channel unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) / Transcutaneous electrotherapy Page(s): 114-.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, a TENS four channel unit would not be supported. While the claimant is currently being utilized with medication management, there is no formal documentation of other forms of modalities or treatment that is currently being rendered. The use of a TENS unit for chronic intractable pain should support that prior pain modalities have been utilized and failed. That not being the case in this claimant's assessment, the specific request for the above device would not be indicated.