

<b>Case Number:</b>	CM13-0043860		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/13/2002
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Occupational 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck, low back, and myofascial pain syndrome associated with an industrial injury of February 13, 2002. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, reported diagnosis of chronic regional pain syndrome, stellate ganglion block, earlier cervical spine surgery, unspecified amounts of physical therapy, and extensive periods of time off of work. In a clinical progress note of September 16, 2013, the applicant reported persistent neck pain, upper extremity pain, and burning about the upper extremities. The applicant was using yoga. The applicant reportedly developed pain while doing light housework. She exhibits 5/5 upper extremity grip strength. Trigger point injection therapy, massage therapy, and electrodes for a TENS unit were sought. An earlier note of September 10, 2013 is notable for comments that the applicant again reports multifocal pain, including about the shoulder and back. It is stated that the applicant was formerly using a TENS unit on a daily basis as an adjunct to chronic pain management. The applicant was asked to continue with her pain management physician and obtain TENS unit supplies. It is stated that the applicant would also benefit from a weight loss program, housekeeping, and a personal trainer. It did not appear that the applicant was working. In an earlier note of August 2, 2013, it is stated that the applicant did reportedly lose some weight and is doing light housework.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS WITH A PERSONAL TRAINER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. In this case, however, the 12 sessions with a personal trainer run counter to the philosophy espoused in ACOEM stating that applicants are responsible for maintaining and adhering to exercise regimens of their own accord. Therefore, the request is not medically necessary.

**HOUSEKEEPING 4 HOURS A DAY, 2 DAYS A WEEK:** 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 HOME HEALTH SERVICES Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services such as housekeeping are specifically not covered when this is the only service being sought. In this case, this is a stand-alone request for housekeeping services. No concomitant medical services are being sought. Therefore, the request is not medically necessary as the MTUS does not endorse provision of home health services in this context.

**TENS UNIT SUPPLIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT SUPPLIES Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of TENS beyond an initial one-month trial should be predicated on favorable outcomes in terms of both pain relief and function. In this case, while the attending provider has seemingly posited that the applicant's pain levels have diminished as a result of usage of the TENS unit, the attending provider has not established the presence of any improvement in function as a result of the TENS device. The applicant has seemingly failed to return to work. The applicant remains highly reliant on various medications, including Norco, Topamax, etc. and various forms of medical treatment, including yoga, massage therapy, etc. All

of the above, taken together, imply that ongoing usage of the TENS unit has not produced favorable outcomes in terms of pain relief and function. Therefore, the request is not medically necessary.