

<b>Case Number:</b>	CM13-0054356		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is licensed in Chiropractic Care, 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:

According to the available medical records, this is a 64-year-old male patient with chronic left shoulder pain, low back and neck pain, and groin pain date of injury 11/16/2012. Previous treatments include inguinal surgery, medications, topical cream and chiropractic. Progress report dated 08/05/2013 by [REDACTED] revealed constant pain in his left shoulder traveling to his left arm which he described as dull, aching, sore and unbearable, 9/10, weakness and notes difficulty raising his left arm at or above shoulder level, unable to lay down on his left side at night due to left shoulder pain and discomfort, frequent pain in the left shoulder traveling to the left arm and neck, increased left shoulder pain when applying pressure, overhead reaching and when laying down on his left side at night, constant dull neck pain , 8/10, the pain increases with moving his head up and down or from side to side, as well as when driving and looking in his blind spot, pain is aggravated by activities including repetitive motions of the neck and by attempts at lifting, pushing, pulling and forward reaching, constant sore, aching and dull pain in upper back, 8/10, constant sharp and shooting pain in his lower back, 8/10, marked stiffness on the lower back and inability to bend or stoop due to lower back pain, discomfort and stiffness, constant shooting pain in his groin, 8/10, repetitive lifting of any weight over 10-15 pounds aggravates his pain, patient also complains of difficulty falling asleep due to pain, waking during the night due to pain, headaches, symptoms or anxiety due to pain or loss of work and symptoms of depression due to pain or loss of work, difficulty maintaining a nightly sleeping pattern, frequent waking cycles and inability to fall asleep due to pain. An exam revealed nonspecific tenderness in the left shoulder, moderate tenderness at the supraspinatus and infraspinatus on the left, impingement maneuver is positive on the left shoulder, empty can test, supraspinatus resistance test, Speed's, Apprehension and Yergason's sign revealed pain on the left shoulder, left shoulder ROM (range of motion) decreased, C1-T1 palpation revealed slight paraspinal

tenderness bilaterally, distraction test, Spurling Test, Foraminal compression test and shoulder depressor test reveal pain on both side, cervical ROM decreased with pain , C7-L1 palpation reveals moderate paraspinal tenderness, Valsava, Kemp's, Yeoman's and SLR (straight leg raise) supine test revealed pain on both sides, T12-S1 palpation reveals moderate paraspinal bilaterally, lumbar ROM decreased with pain; diagnoses include sprain of left shoulder and upper arm, cervical sprain, thoracic sprain, lumbar sprain, groin pain, anxiety, sleep disturbance and inguinal hernia.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One TENS (transcutaneous electrical nerve stimulation) unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, a TENS unit is not recommended as a primary treatment modality, but a one month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Recommendations by types of pain: a home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). A review of the available medical records do not show evidence to support use of TENS unit for the patient current medical condition and diagnoses. The request for a TENS unit is not medically necessary or appropriate.

**Psychological Consult:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

**Decision rationale:** The Expert Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that a preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, this allowing for more effective rehabilitation. A review of

the available medical records shows that this patient is suffering for sleep disturbance due to pain, anxiety and depression. Based on the guideline cited above, psychological evaluation is recommended. The request for a psychological consult is medically necessary and appropriate.