

Case Number:	CM13-0063005		
Date Assigned:	12/30/2013	Date of Injury:	05/19/2011
Decision Date:	05/20/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/09/2013

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 & 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 54-year old female who was injured on 05/19/2011. The mechanism of injury is unknown. Prior treatment history has included 6 sessions of cognitive therapy and 8 visits of acupuncture as well as physical therapy, psychotherapy and chiropractic care. The patient's medications include Advil. The patient underwent bilateral cervical paraspinal trigger point injections with ultrasound guidance on 12/21/2012, 03/06/2013 and 06/06/2013, a right C7-T1 interlaminar epidural steroid injection with fluoroscopic guidance on 09/07/2012 and 06/17/2013, bilateral sacroiliac joint injection with ultrasound guidance on 07/30/2013. Diagnostic studies were not provided for review. Progress note dated 10/25/2013 documented the patient to have complaints of neck pain, sacroiliac joint region pain and post-concussive syndrome. She is continuing to take Advil for pain control. She complains of still aching pain in the bilateral cervical paraspinal region and upper trapezius regions. It is worse when more active and also when more emotional or stressed. It does not radiate. She also complains of aching in the lumbosacral region bilaterally, it does not radiate to her legs. Objective findings on examination she has tenderness to palpation in the paraspinal cervical region and upper trapezius regions bilaterally. These do not cause radiation of symptoms. She has pain with forward flexion or extension of the neck. She also has tenderness over the left and right sacroiliac joints; however the left is worse than the right. She has pain with extension mildly. Assessment: 1. Myofascial neck pain. 2. Low back sacroiliac joint region pain. 3. Post-concussive syndrome with anxiety and depression. Recommendations: I recommend continuing acupuncture for one visit every 3-4 weeks. We are waiting to hear from her acupuncturist regarding progress notes. I would like to request authorization for Botox injections with ultrasound guidance into the cervical paraspinal regions to help with the myofascial discomfort and pain. I recommend continuing with psychotherapy visits. Follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT THREE (3) MONTHS RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens, Chronic Pain, Transcutaneous Electrical Nerve Stimulation Section Page(s): 114-116.

Decision rationale: According to the CA MTUS guidelines, TENS for chronic pain, is recommended as a one-month home-based TENS trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions such as: Neuropathic pain, Phantom limb pain, Spasticity, and Multiple sclerosis. The medical records do not document a reason for the requested Tens unit. There is no reported medication usage for pain control other than Advil. There is no documented neuropathic pain diagnosis to establish the need for the TENS unit. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, therefore the request is not certified as medically necessary.