

Case Number:	CM14-0004445		
Date Assigned:	02/05/2014	Date of Injury:	08/05/2013
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 claimant is a 21-year-old male who was injured on August 5, 2013. The mechanism of injury is described as occurring when the claimant strained the left shoulder while pulling a log with a rope. The December 3, 2013 progress note is included. This note indicates the multiple conservative measures have been attempted including physical therapy which the claimant did not tolerate and 5 seconds with a chiropractor. There is no documentation to indicate that a TENS unit was utilized in any of the sessions. The claimant rates the pain as 3/10, but after working 8 hours pain as 10/10 for 5 minutes. The pain improves with heat and extra strength Tylenol. The claimant is documented as not having any medical issues. The examination documents diminished cervical, lumbar, and left shoulder range of motion. There is scapular winging noted on the left shoulder. The clinician recommends a trial of a nonnarcotic oral analgesic and oral anti-inflammatories. Clinician also noted the trial the TENS unit, use of antispasmodic medications, antidepressants, and antiepileptic medications. The claimant is not documented as having utilizing narcotics except immediately following the injury is given a prescription for Tylenol with Codeine. The clinician indicates that the requested labs are to provide a baseline. The review in question was rendered on December 31, 2013. The reviewer noncertified the request for purchase of a TENS unit siding that this is being utilized as an isolated intervention, there is no documentation of functional benefit from electrical stimulation under the supervision of the lessons physical therapist, and there is no documentation of a one-month trial. With regards the request laboratory work, the reviewer modified the request for partial certification of the Chem-20, the recommended against urinalysis and CBC. The medical necessity for the Chem-20 was established secondary to the claimant's use of anti-inflammatories. The reviewer cites the fact that the clinician expresses no concern of illicit medication use, and there is no documentation that control substances are being provided as

reasons for non-certification urinalysis. Additionally, there are no current medical issue cited that would support the requested CBC.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT (PURCHASE) FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The California MTUS lays out specific criteria for use of a TENS unit in the management of chronic pain. Based on clinical documentation provided, the claimant fails to meet criteria as outlined by the California MTUS. Specifically, treatment plan including short and long-term goals is not been provided there is no documentation of this is being utilized as part of a functional restoration program. As such, the request is considered not medically necessary.

BASELINE LABS: URINE ANALYSIS, COMPLETE BLOOD COUNT (CBC) AND CHEM-20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and NSAIDS, Specific Drug List & Adverse Effects Page(s): 43 & 70.

Decision rationale: The California MTUS recommends drug testing as often as necessary to assess for the presence of illegal drugs, especially prior to initiating opioid therapy. The clinician expresses no concern of potential illegal medication usage, and there is no documentation indicating that a controlled substance will be started. Additionally, the claimant's pain is documented as in control with over-the-counter Tylenol. With this information, the request is not medically necessary.