

Case Number:	CM14-0008176		
Date Assigned:	08/27/2014	Date of Injury:	11/25/2013
Decision Date:	09/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 47-year-old female with a reported date of injury of 11/25/2013. The mechanism of injury was noted to be from repetitive motion. Her diagnoses were noted to include cervical myospasm, cervical radiculopathy, cervical sprain/strain, rule out cervical disc protrusion, lumbar myospasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, left shoulder impingement syndrome, left shoulder pain, left shoulder sprain/strain, rule out left shoulder internal derangement, rule out impingement syndrome, right shoulder pain, and right shoulder sprain/strain. Her previous treatments were noted to include right wrist brace, physical therapy, medications, and chiropractic treatment. The progress note dated 01/09/2014 revealed complaints of moderate, dull, aching, and sharp neck, low back, left shoulder, and right shoulder pain. The physical examination revealed the range of motion to the cervical spine was decreased and painful. There was 3+ tenderness to palpation of the cervical paravertebral muscles. There were muscle spasms of the cervical paravertebral muscles and the cervical compression was positive. The shoulder depression was positive bilaterally and the range of motion to the lumbar spine was decreased. There was 3+ tenderness to palpation of the lumbar paravertebral muscles and muscle spasms of the lumbar paravertebral muscles. The Kemp's test caused pain bilaterally. The range of motion to the left shoulder was decreased and painful with 3+ tenderness to palpation of the acromioclavicular joint, anterior joint, lateral joint, and supraspinatus. There was 3+ tenderness to palpation of the right shoulder to the anterior shoulder, glenohumeral joint, lateral shoulder, posterior shoulder, and supraspinatus. The supraspinatus test was noted to be positive. The progress note dated 06/05/2014 revealed complaints of moderate, dull, aching, and sharp neck, low back, and bilateral shoulders pain. The injured worker reported acupuncture and chiropractic treatment helped increase range of motion and decrease spasms. The physical examination of the cervical spine revealed decreased

and painful range of motion. There was tenderness to palpation of the cervical paravertebral muscles with spasms noted and the cervical compression test and shoulder depression test were positive bilaterally. There were trigger points and paraspinals present to the lumbar spine and the range of motion was painful. There was tenderness to palpation of the lumbar paravertebral muscles with spasms. The Kemp's test caused pain bilaterally. There was decreased range of motion to the right shoulder with tenderness to palpation of the anterior shoulder, glenohumeral joint, lateral shoulder, posterior shoulder, and supraspinatus. The supraspinatus test was positive. The range of motion of the left shoulder was decreased and painful with tenderness to palpation of the acromioclavicular joint, anterior joint, lateral shoulder, and supraspinatus. The supraspinatus press was positive. The Request for Authorization form dated 07/09/2014 was for a TENS/EMS unit to help increase range of motion and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Chronic Pain Treatment Guidelines Criteria for the use of Transcutaneous electrical nerve stimulation (TENS) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114,116.

Decision rationale: The request for a TENS/EMS unit is not medically necessary. The injured worker complained of neck, low back, and bilateral shoulders pain with decreased range of motion. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but a 1-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. The guidelines criteria for the use of a TENS unit include documentation of pain of at least 3 months' duration. There must be evidence that other appropriate pain modalities have been tried (including medication) and failed. A 1-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; a rental would be preferred over purchase during this trial. Other ongoing pain treatments should also be documented during the trial period, including medication usage. There is a lack of documentation regarding whether the TENS unit is to be used as an adjunct within a functional restoration approach. Additionally, the request failed to provide whether this was for a 30-day trial or purchase. Therefore, the request is not medically necessary.