

Case Number:	CM14-0101460		
Date Assigned:	09/16/2014	Date of Injury:	04/26/2013
Decision Date:	10/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/01/2014

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 Emergency 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:

Patient with reported date of injury on 4/26/13. Mechanism of injury is described as a lifting injury. Patient has a diagnosis of chronic cervical strain with possible discopathy, chronic thoracolumbar ligamentous strain with possible discopathy and radiculopathy, R shoulder impingement, chronic R elbow strain with ulnar paresthesia, chronic R wrist strain with extensor tenosynovitis, mild sleep disorder, depression and anxiety. Medical reports reviewed. Many of the progress notes are composed of hand written progress notes that are not legible in any reasonable sense with only a few words being able to be extracted from each note. Last hand written note is date 6/24/13 which just noted pain and exam that is not significantly different from legible report from 6/10/13 but several sentences noted are not legible. Last legible report was from 6/10/13. There are no more recent legible notes available or provided for review. Patient complains of low back, neck and upper back and R shoulder, R wrist and R lower extremity pain. Has depression and anxiety. Objective exam reveals antalgic gait, cervical exam reveals R sided paraspinal pain with guarding and spasms. Limited range of motion (ROM) in all planes. Shoulder exam with noted rotator cuff tenderness and normal ROM. Positive R elbow Tinel's and tenderness over lateral and medial epicondyle. Wrist exam was positive for Tinel and Phalen's. MRI of cervical spine (7/3/13) revealed multilevel degenerative changes with small multilevel posterior disc bulge with mild central canal stenosis, facet hypertrophy and moderate-severe neural foraminal narrowing. MRI of lumbar spine (7/3/13) revealed multilevel degenerative changes with small diffuse disc bulge from L2-S1 with facet hypertrophy and bilateral neural foraminal narrowing. Patient has attempted Motrin but had stomach upset, has completed several sessions of physical therapy. MRI of R shoulder (7/3/13) reveals partial thickness tear and tendinopathy of supraspinatus and infraspinatus tendon. Partial thickness tears in anterior insertion fibers of supraspinatus. EMG/NCV of R upper extremity and R lower

extremity (6/28/13) reveals mild bilateral carpal tunnel syndrome affecting motor on R hand and sensory of L hand. Lower extremity Electrodiagnostic is normal. Patient appears to be on Topamax, Gaba-Keto cream, Capsaicin cream Independent Medical Review is for "Multi-stim unit". Prior UR on 6/18/14 recommended none-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation(ICS) Page(s): 118-120.

Decision rationale: As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. It is not clear if physical therapy or a functional restorative program is ongoing. There is no documentation of failure of standard therapy or poor pain control on medication. There is no documentation of attempt of TENS. The requesting provider has not provided any recent progress notes. ICS is not medically necessary.