MAXIMUS Federal Services

Case Number:	CM14-0107765		
Date Assigned:	08/01/2014	Date of Injury:	05/22/2013
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 42-year-old female with a reported date of injury on 05/22/2013. The mechanism of injury occurred when a child that was on the monkey bars could not get down and jumped over and grabbed the injured worker's neck. The injured worker was diagnosed with right shoulder sprain/strain with frozen shoulder syndrome, status post right shoulder arthroscopic surgery on 03/20/2013, myofascial pain syndrome, chronic cervicalgia with possible radicular pain, possible complex regional pain syndrome at the right shoulder, and chronic pain syndrome with significant anxiety and depression. Prior treatments included physical therapy. Diagnostic studies included a CT of the cervical spine on 02/26/2014, cervical spine x-rays on 02/28/2014, a 3-phase bone scan on 03/13/2014, a cervical spine MRI, and an MRI of the right shoulder on 04/07/2014. Surgical history included right shoulder arthroscopic surgery on 03/20/2013. The clinical note dated 06/25/2014 noted the injured worker reported severe pain to the right shoulder with tenderness. The injured worker reported constant and intermittent throbbing, sharp, and stabbing pain to the neck and bilateral shoulders down to the right upper extremity and hand with a burning sensation. The injured worker reported nothing relieved her pain. The injured worker had guarding to the right shoulder with significantly decreased range of motion to the right shoulder due to pain. Muscle strength testing in the bilateral upper extremities revealed 5/5 strength with normal tone, except give way weakness at the right upper limb due to pain. Upon palpation, there was tenderness at the cervical paraspinal muscles, bilateral upper trunk, and the right shoulder with multiple trigger points and muscle tightness. The provider recommended a 30-day home TENS trial for the right shoulder and upper trunk pain. The clinical note dated 07/29/2014 noted sitting, standing, lying down, straining, and changing arm or head position increased the injured worker's pain. The injured worker was frustrated with pain and felt depressed with poor sleep. The assessment remained the same as

the prior clinical note. The injured worker's medication regimen included oxycodone 10 mg 4 times a day, Soma 350 mg 3 times a day, Neurontin 300 mg 3 times a day, Ativan 1 mg 4 times a day, Lexapro 20 mg daily, and Nexium 40 mg daily. The physician's treatment plan included recommendations for a 30-day home trial of a TENS unit, OxyContin 10 mg twice daily, continuation of the injured worker's lidocaine patch 5% as well as Lyrica, and the physician encouraged the injured worker to continue her home exercise program with emphasis on shoulder range of motion. The physician indicated trigger point injections, cervical epidural steroid injections, or possibly a right sympathetic block were being considered. The physician recommended the TENS unit for right shoulder and upper trunk pain. The Request for Authorization was signed and dated on 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS (transcutaneous electrical nerve stimulation) unit trial, 30 days shoulder/neck: Upheld

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

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

Decision rationale: The request for home TENS unit trial, 30 days, right shoulder/neck is not medically necessaryThe California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality. 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 patients with neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Prior to a one month trial the guidelines recommend there must be documentation of pain of at least three months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. The physician recommended a TENS unit for the right shoulder and neck due to pain. The physician recommended the injured worker continue their home exercise program. Upon physical examination, the injured worker has pain to the neck and bilateral shoulders, guarding to the right shoulder, and decreased range of motion to the cervical spine and right shoulder. However, the physician did not include a recent, complete evaluation of the injured worker's objective functional condition with quantifiable range of motion values which demonstrated significant objective functional deficits needing to be addressed with the unit. The physician did not include an adequate baseline assessment of the injured worker's condition by which to assess for objective functional improvement over the course of the 1-month trial. As such, the request for home TENS unit trial, 30 days, right shoulder/neck is not medically necessary.