

<b>Case Number:</b>	CM14-0011538		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/10/2007
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Occupational 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:

The patient is a 55-year-old female who has submitted a claim for Status Post Cervical Fusion C4 to C7, Chronic Bilateral Cervical Radiculopathy, Lumbar Discogenic Disease, Annular Tear L4-5 with Left Lower Extremity Radiculopathy, Left Shoulder Rotator Cuff Tear, Right Shoulder Status Post Surgery with Residual Impingement, and Bilateral Carpal Tunnel Syndrome associated with an industrial injury date of August 10, 2007. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of chronic bilateral hand/wrist pain and paresthesia. She also complained of neck pain. On physical examination, Phalen and reverse Phalen signs were positive on both wrists. Tinel was positive on both elbows. There was tenderness of the medial elbow. Repeat barium swallow examination dated June 12, 2013 revealed no obvious abnormal findings. Treatment to date has included medications, C4-C7 fusion, right shoulder acromioplasty, physical therapy, and TENS/EMS unit (since at least September 2013). Utilization review from January 23, 2014 denied the request for TENS/EMS unit because EMS is specifically not recommended in the California MTUS for treating chronic pain patients; ENT evaluation after swallow test because this condition is non-industrial; and referral to neurologist because prior electrodiagnostic studies had already been performed.

### 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 Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES) Page(s): 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES) Page(s): 114-116.

**Decision rationale:** According to pages 114-116 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include: chronic intractable pain; evidence that other appropriate pain modalities have been tried and failed; and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. According to page 121 of the California MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES) devices are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. In this case, the records showed that patient was using a TENS/EMS unit since at least September 2013 (10 months to date). However, there was no record of functional improvement with the use of this equipment. Furthermore, there was no rationale provided regarding the usage of a TENS/EMS unit. Therefore, the request for TENS/EMS Unit is not medically necessary.

**ENT EVALUATION AFTER SWALLOW TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** The California MTUS does not specifically address office visits. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, a repeat barium swallow examination dated June 12, 2013 revealed no obvious abnormal findings and a subsequent ENT evaluation was already conducted on November 11, 2013. There was no evidence that another barium swallow was performed after the above-mentioned procedure. Therefore, the request for ENT evaluation after swallow test is not medically necessary.

**REFERRAL TO A NEUROLOGIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156.

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, there was no rationale provided as to why a referral to a neurologist was needed. Therefore, the request for referral to a neurologist is not medically necessary.