

<b>Case Number:</b>	CM14-0017993		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 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 51 year old female who was injured on 06/04/2012 while she was standing in a bent forward position using her hands to pull boxes off of a pallet. Suddenly, she lost her balance and fell on her back and right side of her body. She fell on boxes that were on a pallet. Once she fell, boxes fell on top of her, striking her right wrist and right fingers and forearm, and shoulder. Prior treatment history has included chiropractic treatment, active and passive range of motion exercise, physical modalities, stretching exercise, strengthening exercise and soft tissue manipulation. She has had medication therapy including Naproxen 550 mg, Tramadol ER 150 mg, Omeprazole 20 mg, Cyclobenzaprine, Flurbiprofen/capsaicin/Menthol/camphor (10/0.025/2.1%)120 mg, and Ketoprofen/Cyclobenzaprine/Lidocaine (10%/3%/5%). Diagnostic studies reviewed include MRI of the cervical spine dated 02/06/2014 revealed a nonspecific straightening of the normal cervical lordosis, query strain versus secondary to spondylotic changes. There is a 1-2 mm posterior disc bulge at C2-3 without evidence of canal stenosis or neural foraminal narrowing; C3-C4 reveals a 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing; C4-C5 shows a 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing; C5-C6 shows a 4 mm central disc protrusion resulting in mild to moderate canal stenosis. At C6-7, there is a 2 mm posterior disc bulge resulting in mild bilateral neural foraminal narrowing; and bilateral exiting nerve root compromise is seen. MRI of the lumbar spine dated 02/06/2014 demonstrates a lipoma versus hemangioma as described above. There is a 2-3 mm posterior disc bulge at L2-3 without evidence of canal stenosis or neural foraminal narrowing. L4-5 shows a posterior annular tear and a 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. L5-S1 shows a posterior annular tear and a 3-4 mm posterior disc bulge resulting in moderate bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy;

Bilateral exiting nerve root compromise. MRI of the right shoulder dated 02/06/2014 shows supraspinatus tendinitis. PR2 dated 01/17/2014 reports the patient states she has mildly improved pain of the neck and left shoulder; however, the right wrist and low back pain remain unchanged. Neck pain radiates to bilateral shoulders and low back pain radiates to bilateral lower extremity down to mid calf with numbness and tingling. The pains are worse on reaching above shoulder level, neck bending, standing and lifting. On exam, there is cervical spine pain at the end ranges with tenderness to palpation of the paracervicals to interscapular region. There is bilateral shoulder restricted range of motion. There is tenderness to palpation of bilateral trapezius to AC joints. The right wrist has tenderness to palpation over the volar carpal ligament. Diagnoses are lumbar spine strain/sprain; cervical spine strain/sprain; bilateral shoulder strain/sprain; and right wrist strain/sprain. The requested treatment plan is chiropractic therapy and IF unit. Office note dated 12/05/2013 states the patient presents with complaints of low back pain radiating to the right foot, neck pain radiating to the right hand, pain to both shoulders with right side greater than left; and pain to the right wrist and hand radiating to all fingers. On exam, deep tendon reflexes are 1+/-4 bilaterally. Motor strength is 5/5 in bilateral upper extremities. There were no sensory deficits to fine prick sense noted bilaterally. Examination of the hands noted tenderness on the right snuff box floor and right thenar eminence. On examination of the wrists, there is tenderness noted to the right radial side of snuff box, right ulnar side of snuff box and bilateral volar carpal ligament. Tinel's sign and Phalen's test were equivocal on the right and negative on the left,

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**INTERFERENTIAL UNIT (IF) WITH HEATING PAD:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
TRANSCUTANEOUS ELECTROTHERAPY, Page(s): 114-116.

**Decision rationale:** According to the CA MTUS guidelines, TENS is not recommended as a primary treatment modality, but 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. The medical records document patient was diagnosed with lumbosacral strain/sprain with radiculitis, cervical strain/sprain with radiculitis, bilateral shoulder strain/sprain, and right shoulder strain/sprain. In the absence of documented home based trial of TENS for one month, the request is not medically necessary according to the guidelines.