

Case Number:	CM14-0137623		
Date Assigned:	09/05/2014	Date of Injury:	05/06/2009
Decision Date:	11/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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:

There were 204 pages provided for this review. There was a utilization peer review from July 26, 2014. Per the records provided, the patient was described as a 54-year-old with chronic cervicalgia, and chronic lumbar backache from an industrial injury of back in the year 2009. The patient had conservative therapy and medicines. There was predominant right shoulder region arthralgia, neuropathic pain and referred pain in the trapezius and upper and lower extremities. As of June 25, 2014, there was restricted right shoulder range of movements, painful restricted lumbar range of movements and tenderness over L4-L5 and L5-S1 facet joints. There were no reflex, sensory or motor deficits present in the lower extremities. A lumbar MRI showed L2 through S1 minimal degenerative disc bulges and L3-L4 facet changes. An application for independent medical review was signed on August 22, 2014. It was for NCV EMG of the right upper extremity and a TENS unit. The claimant was injured on May 6, 2009 working at [REDACTED] when a door swung open and hit her in the lower back, in the right arm and the right side of her tailbone. She then went to the ladies room to empty a trash can, and while at the stall door, the door closed on the right ring and little finger. The door then bounced and hit her right shoulder. Treating diagnoses include right shoulder pain, right lateral epicondylitis, right wrist sprain and carpal tunnel on the right. As of July 16, 2014, there was aggravation of pain in the right wrist and right shoulder at about 7 to 8 out of 10. She did not receive any medicines. Current medicines included Norco, gabapentin, soma, naproxen and Prilosec. There is paracervical palpation tenderness from the cranium to T1. There is no evidence of radiation to the upper extremities. The MRI of the wrist on the right showed cystic changes. TENS unit has been requested multiple times and has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Right Upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and table 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary and appropriate.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-11.

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

Decision rationale: The MTUS notes that 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, for the conditions described below.-Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)-Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)-Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) -Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)It is noted that this request has been denied on several prior occasions. Likewise, I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. The request is not medically necessary and appropriate.