MAXIMUS Federal Services

Case Number:	CM14-0177609		
Date Assigned:	10/31/2014	Date of Injury:	10/20/2011
Decision Date:	12/11/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/27/2014

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, has a subspecialty in Interventional Spine 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 57 year old male with an injury date of 10/20/11. The 08/13/14 report by Dr. Matos states that the patient presents with occasional bilateral headaches rated 2-5/10 with dizziness and mild blurred vision, constant slight to moderate pain and stiffness in the neck rated 4-6/10 radiating to the upper back and right shoulder, constant right shoulder pain rated 4-8/10 radiating intermittently to the right neck and elbow along with occasional left elbow pain rated 4-8/10. Examination of the cervical spine and upper extremities shows tenderness to palpation about the right equal to left upper trapezius and cervical spine with limited range of motion of the cervical spine. Examination of the shoulders reveals tenderness to palpation along the acromioclavicular joint, biceps tendon groove, supraspinatus deltoid complex or rotator cuff on the right. Impingement test is positive on the right with restricted range of motion bilaterally more right than left. The patient's diagnoses include:1. Status post right shoulder arthroscopy 09/23/132. Cervical spine strainThe utilization review being challenged is dated 09/26/14. The rationale regarding EMS is that it is only considered in the setting of stroke and not chronic pain syndromes. Reports were provided from 08/03/14 to 09/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation)/EMS (electrical and magnetic stimulator Nerostimulator for 1 Month Home-Based Trail: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2,TENS (transcutaneous electrical nerve stimulation) Pag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Transcranial magnetic stimulation (TMS)

Decision rationale: The patient presents with neck pain radiating to the upper back and right shoulder rated 4-6/10, right shoulder pain rated 4-8/10 radiating the neck and right elbow, and left elbow pain. The treater requests for tens (transcutaneous electrical nerve stimulation)/ems (electrical and magnetic stimulator neurostimulator) for 1 month home based trial.