

<b>Case Number:</b>	CM14-0028127		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 injured worker has been treated with the following: Analgesic medications; trigger point injection therapy; Botox injection therapy; unspecified amounts of chiropractic manipulative therapy; earlier right wrist carpal tunnel release surgery; and multilevel cervical fusion surgery. In utilization review report dated February 4, 2014, the claims administrator apparently denied a request for a pain psychology consultation and an electrical stimulation unit. The claims administrator did not incorporate cited guidelines into its rationale and denied the request for pain psychology consultation. In a progress note dated January 21, 2014, the applicant was described as presenting with chronic neck pain. The applicant apparently had an intermittent trip to the emergency department owing to an acute flare of pain. Ultram and cyclobenzaprine were refilled. Pads for an electrical stimulation unit and a pain psychology consultation were sought, the latter of which was apparently being employed as a precursor to consideration of possible cervical spine surgery. The applicant was reportedly contemplating further cervical spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN PSYCHOLOGY CONSULT:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** The attending provider has indicated that he intends to employ the proposed pain psychology consultation for pre-surgical screening purposes. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 181, pre-surgical screening should include consideration of psychological evaluation. Thus, the attending provider's request for psychology consultation as a precursor to pursuit further cervical spine surgery is indicated, appropriate, and supported by ACOEM. Accordingly, the request is medically necessary.

**E-STIM UNIT FOR NECK PAIN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of TENS topic Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of and/or provision of supplies for TENS units beyond an initial one-month trial should be predicated on evidence of favorable outcomes in terms of both pain relief and function. In this case, however, the injured worker has seemingly been furnished with a TENS unit and/or supplies on a trial basis earlier in the course of the claim. However, there was no evidence that ongoing usage of the TENS unit generated any evidence of favorable outcomes in terms of either pain relief or function, particularly in terms of the parameters established in the MTUS 9792.20f. The injured worker remained reliant on medications, such as Ultram and cyclobenzaprine. Ongoing usage of TENS unit did not, then, seemingly generate any favorable outcomes in terms of either pain relief or function. Therefore, the request for a TENS unit purchase is not medically necessary.