

<b>Case Number:</b>	CM14-0034199		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/04/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 62-year-old female with a date of injury of 10/04/2011. The listed diagnoses are cervical facet syndrome, cervical pain, fibro/myofascial, and muscle spasm. According to progress report 02/19/2014 by [REDACTED], the patient present with cervical region and thoracic region pain. The patient is taking her medications as prescribed and states the medications are not effective. Physical examination of the cervical spine revealed restrictive range of motion with lateral bending. Neck movements are painful and there are paravertebral muscle spasms, tenderness, and tight muscle band noted. Spurling's maneuver causes pain in the muscles but "no radicular symptoms." The treating physician states the patient may need CESI and has failed cervical MBB already by outside pain doctor. He also requested authorization for TENS unit for purchase for patient to use indefinitely for her severe myofascial pain that has been unresponsive to medications. Utilization review denied the request for cervical epidural steroid injection and a TENS unit on 03/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit purchase, quantity 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy TENS, chronic pain (transcutaneous electrical nerve stimulation) Criteria for the use of TENS TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 114, 114-116, 117.

**Decision rationale:** MTUS Guidelines state that TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple sclerosis. In this case, the treating physician is requesting a purchase of a TENS unit for indefinite use. When a TENS unit is indicated, a trial of 30 days is recommended before further use can be considered. Furthermore, the patient does not meet the indications for a TENS unit. Therefore, the request for a TENS unit purchase, quantity 1 is not medically necessary and appropriate.

**Cervical epidural steroid injection C7-T1, quantity 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46,47.

**Decision rationale:** The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." In this case, the patient does not have any radicular symptoms and there is no MRI provided to document possible herniation or stenosis. Therefore, the request for a cervical epidural steroid injection C7-T1, quantity 1 is not medically necessary and appropriate.

**Fluoroscopy, quantity 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The Medical Treatment Utilization Schedule has the following regarding ESI's, under its chronic pain section Criteria for the use of Epidural steroid injections Page(s): 46,47.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.