MAXIMUS Federal Services

Case Number:	CM14-0059221		
Date Assigned:	07/09/2014	Date of Injury:	04/05/2010
Decision Date:	09/03/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/29/2014

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:

Patient is a 55 year-old male with date of injury 04/05/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/04/2014, lists subjective complaints as pain in the neck and right shoulder. Objective findings: Examination of the cervical spine revealed +2 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral suboccipital muscles and right upper shoulder muscles. Range of motion was restricted. Examination of the right shoulder revealed -2 spasm and tenderness to the right rotator cuff muscles and right upper trapezius. Supraspinatus test was positive on the right. Diagnosis: 1. Cervical spondylosis with myelopathy 2. Bursitis and tendinitis of the right shoulder 3. Partial tear of rotator cuff tendon 4. Piriformis syndrome 5. Anxiety 6. Sleep disorder. There was no mention of the patient having had surgery or attending any physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month home and trial of neurostimulator TENS-EMS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127,Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS states that 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 patient's injury is a number of years old at this time and he has been receiving conservative treatment in the form of nonsteroidal anti-inflammatories. The patient's current situation meets the criteria for a one-month home-based TENS trial period I am reversing the prior utilization review decision.