

Case Number:	CM14-0088293		
Date Assigned:	07/23/2014	Date of Injury:	06/14/2010
Decision Date:	10/24/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/11/2014

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 is a 50 year-old left-hand dominant female who sustained work-related injuries on June 14, 2010. March 3, 2014 records documents that the injured worker complained of constant pain in the cervical spine rated at 9/10. Turning her head caused sharp pain. She also complained of left trapezius numbness. She also reported of bilateral upper extremity radiculopathy with numbness and tingling sensation. She also complained of facial numbness, left temporal and nuchal area headaches. She also reported sharp left shoulder pain that traveled down the right upper extremity. Pain was noted with overhead reaching. She also reported of bilateral achy wrist pain rated 7/10 with numbness and tingling sensation of the hands which made carrying objectives with hand difficult due to numbness and weakness. She also complained of bilateral elbow pain worst on the right elbow. She was recommended to undergo physical therapy and acupuncture twice a week for three weeks to the cervical spine and left shoulder. Motrin was provided. Most recent records dated April 8, 2014 documents that the injured worker reported constipation, dry mouth, sexual problems, anxiety, and sleep disturbance. He noted that nothing has changed since his last visit on March 3, 2014. Objectively, she has difficulty rising from a sitting position. She moved with stiffness but has normal gait. Tenderness was noted in the cervical and thoracic spine area. Spasms were noted on the left. Muscle strength was 4+/5 with pain and weakness on the shoulder (C5). She rated her pain as 9/10. She is diagnosed with cervical/cervicothoracic sprain and strain, left shoulder sprain and strain, frozen shoulder, and bilateral wrist sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Neurostimulator TENS-EMS x1 month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to evidence-based guideline, transcutaneous electrical neuro-stimulation (TENS) is not recommended as a primary treatment modality, but a one-month based electrical neuro-stimulation (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 following conditions: neuropathic type of pain, complex regional pain syndrome (CRPS II), phantom limb pain, spasticity, and multiple sclerosis. Guidelines further indicate the following criteria for the use of electrical neuro-stimulation (TENS): (a) documentation of pain of at least three months duration; (b) there is evidence that other appropriate pain modalities have been tried (including medication) and failed, (c) a one-month trial period of electrical neuro-stimulation (TENS) unit should be documented (as an adjunct to ongoing treatment modalities within functional restoration approach) with 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, other ongoing pain treatment should also be documented during the trial period including medication usage. In this case, the injured worker is noted to be experiencing neuropathic type of pain as evidenced in the clinical presentation. She has had physical therapy, acupuncture and medications, which did not provide any significant pain relief. However, this treatment modality is not recommended as a primary treatment. Review of this injured worker's documents did not provide any evidence of evidence-based functional restoration program. Guideline criteria are not met. Therefore, the medical necessity of the requested trial neurostimulator (transcutaneous electrical nerve stimulation/electrical muscle stimulation) once a month is not established.

Supplies Electrodes, Batteries, & Lead wires (x2 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 111-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

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