

Case Number:	CM14-0178336		
Date Assigned:	10/31/2014	Date of Injury:	11/11/2012
Decision Date:	02/23/2015	UR Denial Date:	10/13/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 35-year-old female who reported an injury on 02/06/2012. The mechanism of injury was repetitive continuous motion. The injured worker was diagnosed with aggravation of right thoracic outlet syndrome, status post right rib resection; cervical bilateral upper extremities radiculopathy, rule out disc herniation and annular tear; right sided thoracic outlet syndrome; status post right anterior scalene resection; neuropathic pain in the upper extremities; chronic neck pain and extremity pain; trigger points in the right cervical paraspinal muscles, right trapezius, and levator scapula; myofascial spasm in the cervical spine with mild stenosis; anxiety and depression due to chronic pain. Previous treatments included surgery, medication, acupuncture, physical therapy, activity modification, and injection. Pertinent diagnostics include an MRI of the right brachial plexus without contrast dated 12/05/2013 that revealed no masses, lesions, or nodules within or along the course of the nerves. Intrinsic signal within the nerve was normal. An MRI of the cervical spine dated 07/17/2014 revealed kyphotic deformity with posterior convexity noted at C3; reversal of lordotic curve indenting the thecal sac and abutting the spinal cord with mild central canal stenosis at C2-3; reversal of the lordotic curve indenting the thecal sac and abutting the spinal cord with mild central canal stenosis at C3-4. Surgical history included a right first rib resection in 04/2009 and right anterior scalene resection in 02/2014. The injured worker was seen on 10/01/2014 for a comprehensive pain management consultation. The injured worker had continuous complaints of pain in the neck with pain radiating to the bilateral upper extremities, right greater than left. The injured worker reported the pain was present 100% of the time. Associated symptoms included numbness and

tingling in the right upper extremity. The injured worker rated her pain at 5/10. The injured worker also reported frequent headaches which was associated with the neck pain. The injured worker had complaints of right shoulder pain and intermittent pain in the left shoulder. It was noted that the pain radiated into the bilateral upper extremities, right greater than left. The pain in the right shoulder was present 100% of the time and 40% of the time in the left shoulder. Pain to the right shoulder was rated at 5/10 and 3/10 to 4/10 to the left shoulder. The injured worker also complained of pain to the bilateral arms and thoracic spine. The injured worker reported that pain interfered with activities of daily living. The physical examination revealed tenderness over the right trapezius area. There were trigger points over the bilateral scapular area. Sensation was decreased in the right C6 through C8 dermatomes. Motor strength of the upper extremities was 5/5 and deep tendon reflexes were +2 bilaterally. The treatment plan stated the injured worker was recommended the use of a TENS unit at home 3 times a week, 30 minutes each time, to help with neuropathic pain. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical stimulator unit (TENS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation ODG Guidelines: TENS, chronic pain (transcutaneous electrical nerve stimulation); Criteria for the use of TENS

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

Decision rationale: The request for a transcutaneous electrical stimulator unit is not medically necessary. The documentation submitted did not show evidence of other appropriate pain modalities being tried and failed. The documentation also did not show evidence of a 1 month trial period of the TENS unit. In addition, a treatment plan including specific short and long term goals of treatment with a TENS unit was not submitted. Medical necessity is not substantiated.