

Case Number:	CM14-0202601		
Date Assigned:	12/15/2014	Date of Injury:	12/11/2013
Decision Date:	02/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 57-year-old woman who sustained a work-related injury on December 11, 2013. Subsequently, she developed chronic low back, neck, and shoulder pain. MRI of the cervical spine dated April 17, 2014 showed displaced narrowing at C5-6 and C6-7 with facet arthritis, more so on the right side. There was facet joint hypertrophy at C4-5. The right shoulder MRI done on the same day raised the question of a rotator cuff impingement with supraspinatus tendinopathy and limited interstitial tear. EMG/NCV study of the right upper extremity, performed on March 12, 2014, documented a normal study. There was no electrodiagnostic evidence of right median, ulnar, radial sensory, axillary or musculoskeletal neuropathy. X-ray of the cervical spine done on April 17, 2014 showed multilevel degenerative disc disease most severe at C5-6 and facet degenerative changes. According to a progress report dated November 13, 2014, the patient complained of severe neck pain radiating all the way down to the right upper extremity with numbness and tingling. She also reported having a lot of localized low back pain with some spasm. She bought an over-the-counter electrical stimulation unit that she reported has been helpful. The patient was getting significant GI upset. She stated her pain levels were 10/10 without medication, coming down to 9/10 with medication. She was also having pain at the lateral elbows. On examination of the right shoulder there was no tenderness. She had limited flexion and abduction. She had tenderness in palpating the upper lumbar spine with spasm. Range of motion was only mildly decreased. Her reflexes were symmetrical. her sensation was decreased in the right lateral arm. Spurling test was positive on the right. strength was 5-/5 on the right upper extremity. Straight leg raise was negative. The patient was diagnosed with right shoulder pain with mild impingement and tendinopathy, discogenic and neck pain, facetogenic and neck pain, localized low back pain, chronic pain syndrome, and bilateral medial and lateral

epicondylitis. The provider requested authorization for TENS unit (30 day home trial) for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit (30 Day Home Trial) for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

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

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Therefore, the prescription of TENS (30 day home trial) for the right shoulder is not medically necessary.