

Case Number:	CM15-0143753		
Date Assigned:	08/04/2015	Date of Injury:	04/29/2013
Decision Date:	09/21/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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(n) 59 year old male, who sustained an industrial injury on 4-29-13. He reported injury to his head after a light fell from 35 feet and struck him. The injured worker was diagnosed as having post-concussion syndrome, cervical radiculopathy, bilateral carpal tunnel syndrome and left shoulder pain. Treatment to date has included a cervical MRI in 10-2014, physical therapy in 2015 and a cervical epidural injection on 3-17-15. An EMG of the upper extremities on 1-29-15 showed left C7 radiculopathy and bilateral carpal tunnel syndrome. Current medications include Ibuprofen, Gabapentin, Wellbutrin, Trazodone and Cialis. As of the PR2 dated 6-18-15, the injured worker reports continued headaches and dizziness. He also has pain in his neck, left arm and left shoulder. He rates his pain a 6 out of 10 with medications and an 8 out of 10 without medications. Objective findings include restricted range of motion in cervical spine and left shoulder, decreased sensation in the lateral and medial arm and tenderness in the lower paracervical muscles. The treating physician requested a one month rental of a TENS unit, 12 packs of electrodes, 3 packs of skin prep and 3 packs of batteries.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) month rental of a TENS unit: Overturned

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 Criteria for the use of TENS Page(s): 114-121.

Decision rationale: The patient presents on 06/18/15 with pain in the neck, left arm, left shoulder, and headaches with associated dizziness. The pain is rated 8/10 without medications, 6/10 with medications. The patient's date of injury is 04/29/13. Patient is status post right medial meniscus repair on 05/19/11 and C6-C7 intralaminar ESI on 03/17/15. The request is for One (1) Month Rental Of A Tens Unit. The RFA was not provided. Physical examination dated 06/18/15 reveals tenderness to palpation in the lower paracervical muscles with reduced range of motion in all planes, positive Spurling's maneuver to the left, and decreased sensation in the lateral and medial aspects of the left arm and fourth and fifth fingers on the left hand. Left shoulder examination reveals tenderness in the anterior joint, pain elicitation upon impingement maneuver, and reduced range of motion. The patient is currently prescribed Ibuprofen, Gabapentin, Wellbutrin, Trazodone, and Cialis. Diagnostic imaging included MRI of the brain dated 12/18/13, significant findings include: "Opacification slight expansion of the right maxillary sinus, right ethmoid sinus, right nasal cavity. These findings could be compatible with allergic fungal sinusitis." MRI of the right knee dated 12/20/13 was also included, finding: "small to moderate effusion with a popliteal cyst. Tears involving the posterior horn and body of the medial meniscus. Tricompartmental osteoarthritis, most severely involving the medial compartment." Per 06/18/15 progress note, patient is classified as temporarily totally disabled through 07/30/15. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. For the conditions described below". The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). In regard to the one-month rental trial of a TENS unit, the request is appropriate. Progress notes do not indicate that this patient has trialed a TENS unit to date. This patient presents with chronic cervical spine pain and bilateral shoulder pain, MTUS guidelines support TENS unit usage for complaints of this nature. The request as written is in-line with guideline recommendations and a one-month trial could produce benefits for this patient. Therefore, the request is medically necessary.

12 packs of electrodes: 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 Criteria for the use of TENS Page(s): 114-121.

Decision rationale: The patient presents on 06/18/15 with pain in the neck, left arm, left shoulder, and headaches with associated dizziness. The pain is rated 8/10 without medications,

6/10 with medications. The patient's date of injury is 04/29/13. Patient is status post right medial meniscus repair on 05/19/11 and C6-C7 intralaminar ESI on 03/17/15. The request is for 12 Packs Of Electrodes. The RFA was not provided. Physical examination dated 06/18/15 reveals tenderness to palpation in the lower paracervical muscles with reduced range of motion in all planes, positive Spurling's maneuver to the left, and decreased sensation in the lateral and medial aspects of the left arm and fourth and fifth fingers on the left hand. Left shoulder examination reveals tenderness in the anterior joint, pain elicitation upon impingement maneuver, and reduced range of motion. The patient is currently prescribed Ibuprofen, Gabapentin, Wellbutrin, Trazodone, and Cialis. Diagnostic imaging included MRI of the brain dated 12/18/13, significant findings include: "Opacification slight expansion of the right maxillary sinus, right ethmoid sinus, right nasal cavity. These findings could be compatible with allergic final sinusitis." MRI of the right knee dated 12/20/13 was also included, finding: "small to moderate effusion with a popliteal cyst. Tears involving the posterior horn and body of the medial meniscus. Tricompartmental osteoarthritis, most severely involving the medial compartment." Per 06/18/15 progress note, patient is classified as temporarily totally disabled through 07/30/15. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function." In regard to electrodes for a one-month rental trial of a TENS unit, the request is excessive. A one month trial of a TENS unit is substantiated as the patient has not trialed such a unit to date. However, 12 packs of electrodes would be the expected provisions for the use of a TENS unit for a year or more. Were the request for one or a few packs of electrodes for the initial month trial, the recommendation would be for approval. However, the current request is excessive and cannot be substantiated. The request is not medically necessary.

3 packs of skin preps: 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 Criteria for the use of TENS Page(s): 114-121.

Decision rationale: The patient presents on 06/18/15 with pain in the neck, left arm, left shoulder, and headaches with associated dizziness. The pain is rated 8/10 without medications, 6/10 with medications. The patient's date of injury is 04/29/13. Patient is status post right medial meniscus repair on 05/19/11 and C6-C7 intralaminar ESI on 03/17/15. The request is for 3 PACKS OF SKIN PREPS. The RFA was not provided. Physical examination dated 06/18/15 reveals tenderness to palpation in the lower paracervical muscles with reduced range of motion in all planes, positive Spurling's maneuver to the left, and decreased sensation in the lateral and medial aspects of the left arm and fourth and fifth fingers on the left hand. Left shoulder examination reveals tenderness in the anterior joint, pain elicitation upon impingement maneuver, and reduced range of motion. The patient is currently prescribed Ibuprofen, Gabapentin, Wellbutrin, Trazodone, and Cialis. Diagnostic imaging included MRI of the brain dated 12/18/13, significant findings include: "Opacification slight expansion of the right

maxillary sinus, right ethmoid sinus, right nasal cavity. These findings could be compatible with allergic sinusitis." MRI of the right knee dated 12/20/13 was also included, finding: "small to moderate effusion with a popliteal cyst. Tears involving the posterior horn and body of the medial meniscus. Tricompartmental osteoarthritis, most severely involving the medial compartment." Per 06/18/15 progress note, patient is classified as temporarily totally disabled through 07/30/15. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function." In regard to electrodes for a one-month rental trial of a TENS unit, the request is excessive. Progress notes do not indicate that this patient has trialed a TENS unit to date. This patient presents with chronic cervical spine pain and bilateral shoulder pain, MTUS guidelines support TENS unit usage for complaints of this nature. While guidelines do not specifically provide discussion regarding skin-preps, such accessories are generally provided as part of the unit making purchase of separate skin prep kits unnecessary. Therefore, the request is not medically necessary.

3 packs of batteries: 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 Criteria for the use of TENS Page(s): 114-121.

Decision rationale: The patient presents on 06/18/15 with pain in the neck, left arm, left shoulder, and headaches with associated dizziness. The pain is rated 8/10 without medications, 6/10 with medications. The patient's date of injury is 04/29/13. Patient is status post right medial meniscus repair on 05/19/11 and C6-C7 intralaminar ESI on 03/17/15. The request is for 3 Packs Of Batteries. The RFA was not provided. Physical examination dated 06/18/15 reveals tenderness to palpation in the lower paracervical muscles with reduced range of motion in all planes, positive Spurling's maneuver to the left, and decreased sensation in the lateral and medial aspects of the left arm and fourth and fifth fingers on the left hand. Left shoulder examination reveals tenderness in the anterior joint, pain elicitation upon impingement maneuver, and reduced range of motion. The patient is currently prescribed Ibuprofen, Gabapentin, Wellbutrin, Trazodone, and Cialis. Diagnostic imaging included MRI of the brain dated 12/18/13, significant findings include: "Opacification slight expansion of the right maxillary sinus, right ethmoid sinus, right nasal cavity. These findings could be compatible with allergic sinusitis." MRI of the right knee dated 12/20/13 was also included, finding: "small to moderate effusion with a popliteal cyst. Tears involving the posterior horn and body of the medial meniscus. Tricompartmental osteoarthritis, most severely involving the medial compartment." Per 06/18/15 progress note, patient is classified as temporarily totally disabled through 07/30/15. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function." In regard to 3 packs

of batteries for a one-month rental trial of a TENS unit, the request is excessive. Progress notes do not indicate that this patient has trialed a TENS unit to date. This patient presents with chronic cervical spine pain and bilateral shoulder pain, MTUS guidelines support TENS unit usage for complaints of this nature. While guidelines do not specifically provide an appropriate number of batteries for such devices, battery packs generally contain multiple batteries, it is unclear why this patient would require three additional packs for a one month trial. Additionally, such accessories are generally provided as part of the unit, making their separate purchase unnecessary. Therefore, the request is not medically necessary.