

Case Number:	CM15-0166724		
Date Assigned:	09/04/2015	Date of Injury:	07/16/2012
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/25/2015

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 54-year-old female who sustained an industrial injury on 7-16-12. She had complaints of left shoulder pain and worsening neck pain. Treatments include: medications, physical therapy, acupuncture and trigger point injections. Progress report dated 6-23-15 reports continued complaints of neck, bilateral shoulder, left wrist and lower back pain. The neck pain is constant, moderate and radiates to the left biceps and trapezius area with numbness and tingling down the left upper extremity to the hand and all fingers. She has complaints of headaches and pain with motion and occasional dizzy spells. Bilateral shoulder pain is frequent and moderate, the left side greater than the right. She has weakness and is unable to push or pull. The left wrist pain is frequent and moderate with numbness and tingling. She has limited strength for holding objects and she is unable to make a fist. The low back pain is worsening with radiation down the right lower extremity to the mid posterior thigh with stiffness and tightness and spasm in the low back. She reports occasional numbness and tingling in the right foot. She also has a cramping sensation down her right leg. Diagnoses include: cervical spine sprain and strain, left and right shoulder sprain and strain impingement, left wrist sprain and strain and lumbar sprain and strain. Plan of care includes: consider MRI of right shoulder if symptoms persist, request EMG studies of upper extremities, request home traction unit. Work status: temporarily totally disabled. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Based on the 7/21/15 progress report provided by the treating physician, this patient presents with ongoing neck pain with constant discomfort, limited range of motion, and tingling of the left hand and 5th digit, bilateral shoulder pain, left wrist pain with intermittent swelling and weakness in gripping objects, lumbar spine pain with occasional radiation down posterior legs with numbness/tingling of the feet. The treater has asked for but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient also complains of TMJ dysfunction per 7/21/15 report. The patient is s/p MRI of the C-spine, MRI of left shoulder, and MRI of the lumbar per review of reports. The patient is s/p acupuncture, physical therapy with temporary relief, trigger point injection with temporary relief per 6/23/15 report. The patient had a flare-up of symptoms and re-injury of left shoulder/neck on 7/16/12 per 6/23/15 report. The patient's work status is temporarily totally disabled since 5/9/15 per 6/23/15 report. MTUS Guidelines, TENS Chronic Pain (Transcutaneous Electrical Nerve Stimulation, page 114-116: Not recommended as a primary treatment modality, but 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, for the conditions described below. A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). MTUS, Transcutaneous Electronic Therapy Section, Page 116, regarding TENS unit states : "require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain." The treater is requesting a purchase of a TENS unit but the requesting report was not included in documentation. Review of reports do not show prior one month trial of TENS unit. MTUS allows for a purchase after a 1-month home-based trial for specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. For this patient, there is no evidence of a prior 30 day trial utilizing a TENS unit. Furthermore, the patient does not present with any of the diagnoses indicated for a TENS unit. Therefore, the request for a TENS unit purchase IS NOT medically necessary.

Automatic nervous system test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Autonomic nervous system function testing.

Decision rationale: Based on the 7/21/15 progress report provided by the treating physician, this patient presents with ongoing neck pain with constant discomfort, limited range of motion, and tingling of the left hand and 5th digit, bilateral shoulder pain, left wrist pain with intermittent swelling and weakness in gripping objects, lumbar spine pain with occasional radiation down posterior legs with numbness/tingling of the feet. The treater has asked for automatic nervous system test but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient also complains of TMJ dysfunction per 7/21/15 report. The patient is s/p MRI of the C-spine, MRI of left shoulder, and MRI of the lumbar per review of reports. The patient is s/p acupuncture, physical therapy with temporary relief, trigger point injection with temporary relief per 6/23/15 report. The patient had a flare-up of symptoms and re-injury of left shoulder/neck on 7/16/12 per 6/23/15 report. The patient's work status is temporarily totally disabled since 5/9/15 per 6/23/15 report. ODG-TWC, Pain (Chronic) Chapter under Autonomic nervous system function testing states: "Not generally recommended as a diagnostic test for CRPS." The treater does not discuss this request in the reports provided. In this case, the patient presents with neck pain, bilateral shoulder pain, left wrist pain, and lumbar spine pain. The utilization review letter dated 8/7/15 denies request as "there is no documentation of sympathetic mediated pain symptoms or diagnosis of RSD to support the necessity for this study." The 4/9/15 report mentions "chest pain, shortness of breath" for which an internal medicine consult was recommended. However, the subsequent reports dated 6/23/15 and 7/21/15, and none of the reports prior to 4/9/15 report mentions any cardiac or respiratory complaints by the patient that might show dysfunction of the autonomic nervous system. No medical rationale was provided to establish the medical necessity of this request. Therefore, the request IS NOT medically necessary.