

Case Number:	CM15-0169280		
Date Assigned:	09/10/2015	Date of Injury:	03/02/2014
Decision Date:	10/08/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 36 year old female, who sustained an industrial injury on 3-2-14. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical spine sprain-strain; sleep disturbance due to pain; shoulder joint pain; thoracic spine sprain-strain; insomnia and sleep disturbance; major depressive disorder, single, severe. Treatment to date has included physical therapy; acupuncture; medications. Diagnostics studies included MRI right shoulder (4-3-15); EMG-NCV study upper extremities (8-27-15); MRI cervical spine (8-27-15). Currently, the PR-2 notes dated 8-13-15 indicated the injured worker is in the office as a follow-up and denies any changes in her symptoms. She reports an increase in right shoulder pain, worse with activities. She will consider a local injection of the right shoulder as per provider discussion. She continues to report neck pain with a 6-7 out of 10 rating in severity. She describes the pain as severe, sharp, intermittent, radiating to the bilateral scapular area with right upper extremity paresthesias. She has been authorized for a spine surgery consult and her appointment is 9-29-15. Her pain medications are listed as Naproxen, cyclobenzaprine, Lidopro and a TENS unit. She is requesting refills on this date. Her sleep is improved with Lunesta she reports. She denies depression and continues visits with psychologist. On physical examination, she is tender to palpation of the cervical paraspinal musculature, trapezil and deltopectoral groove. A MRI of the cervical spine dated 8-27-15 reveals degenerative disc disease and facet arthropathy with C3-4 mild-to-moderate C4-5 mile and C5-6 moderate canal stenosis. C5-6 right paracentral lateral disc extrusion is noted with moderate canal stenosis with contact distortion of the cervical cord. An EMG-NCV study of the upper extremities reported on date of service 8-27-

15 reveals an abnormal study. Evidence is consistent with cervical radiculopathy on the right side with the nerve root most likely at C6, although the possibility of C5 and C7 involvement cannot be entirely excluded. Chronicity of the injury is difficult to say with certainty but it would appear to be at least subacute or longer in duration and the possibility of an acute overlay cannot be excluded. A MRI of the right shoulder reveals moderate rotator cuff tendinosis with subacromial-subdeltoid bursitis, downslipping acromion, mild acromioclavicular joint degenerative changes and superior labral fraying. A PR-2 note dated 4-14-15 indicated the injured worker requested a TENS trial and the provider dispensed one per post-trial with improvement noted on this date. A PR-2 dated 3-4-15 requested the TENS unit trial but there is no other documentation that reported how often it was used or outcomes during the trial. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 8-20-15 and non-certification was for TENS Unit x2. The provider is requesting authorization of TENS Unit x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: The patient is a 36 year old female with an injury on 03/02/2014. She has neck pain and shoulder pain. MRI of the cervical spine on 08/27/2015 revealed degenerative changes with canal stenosis. EMG/NCV revealed cervical radiculopathy. MRI of the right shoulder revealed superior labral fraying, bursitis and rotator cuff tendinosis. MTUS, ACOEM notes that a TENS unit for care of neck or upper back injuries and in shoulder injuries is not a recommended treatment. The request is not medically necessary.