

Case Number:	CM15-0183128		
Date Assigned:	09/24/2015	Date of Injury:	12/28/2010
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 56 year old female, who sustained an industrial injury on 12-28-10. Current diagnoses or physician impression includes cervical radiculopathy and chronic pain. The injured worker is not currently working. A report dated 8-19-15 reveals the injured worker presented with complaints of constant neck pain that is associated with headaches and radiates down her bilateral shoulders, upper extremities and hands, and there is occasional tingling in the left upper extremity to the level of her shoulder. She reports muscle spasms in the neck area as well as headaches. She experiences low back pain that radiates into her bilateral lower extremities. She also reports moderate sleep disturbance due to the pain. She reports pain relief from medications and bed rest. Per notes dated 8-19-15 pain is reduced from 9 out of 10 to 8 out of 10 with medication; 7-22-15 is 9 out of 10 to 7 out of 10 with medication and 6-24-15 9 out of 10 to 6 out of 10 with medication. She experiences difficulty engaging in activities of daily living such as self-care and hygiene, activity, ambulation, hand function, sleep and sex; interference is rated at 10 out of 10. A physical examination dated 8-19-15 revealed cervical spine vertebral tenderness at C4-C7, tenderness in the trapezius muscles bilaterally, occipital tenderness bilaterally and range of motion is slightly limited due to pain. Extension, flexion and rotation increase the pain, and there is decreased sensation in the bilateral upper extremities. Treatment to date has included home exercise program and medication. A cervical epidural steroid injection at C2-C4 bilaterally provided a 20% relief in pain and her headaches resolved for 2 months, per note dated 7-22-15. Diagnostic studies to date have included electrodiagnostic studies and MRI. A request for authorization dated 9-9-15 for TENS unit 30 day trial is denied

due to lack of documentation of an ongoing functional restoration program, per Utilization Review letter dated 9-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 30 day trial Qty: 1: Overturned

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: MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. Per the medical records, the injured worker was treated with medication management, injections, and home exercise program. TENS trial is indicated for the injured worker's neck and low back pain. I respectfully disagree with the UR physician's assertion that the injured worker was not taking part in a program to restore function. The request is medically necessary.