

Case Number:	CM15-0200038		
Date Assigned:	10/15/2015	Date of Injury:	05/11/2015
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/12/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 50-year-old female, who sustained an industrial injury on May 11, 2015. She reported injuries to her right ear, neck and shoulders. The injured worker was currently diagnosed as having right ear pain, cervical spine sprain and strain rule out herniated nucleus pulposus, cervical radiculopathy, bilateral shoulder sprain and strain rule out internal derangement, lumbar spine sprain and strain rule out herniated nucleus pulposus, lumbago and lumbar radiculopathy. Treatment to date has included diagnostic studies, medications and physical therapy. On August 17, 2015, the injured worker complained of burning bilateral shoulder pain radiating down the arms to the fingers with associated muscle spasm. The pain was rated as a 10 on a 1-10 pain scale. She reported burning radicular low back pain and muscle spasm rated a 7 on the pain scale. She also complained of right ear pain. Her pain was noted to be "alleviated" with medications, rest and activity restriction. Physical examination revealed tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle bilaterally. There was palpable tenderness with spasms noted at the lumbar paraspinal muscles and over the lumbosacral junction. The treatment plan included medications, x-rays, Transcutaneous Electrical Nerve Stimulation (TENS) unit, hot-cold unit, physical therapy, acupuncture, shockwave therapy, MRI scan, EMG-NCV study and Localized Intense Neurostimulation Therapy. On October 1, 2015, utilization review denied a request for Duet Stim TENS-EMS unit 30-day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duet stim TENS/EMS unit 30 day trial: Upheld

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

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

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The claimant had already undergone prior use of a neuromuscular unit. Response to treatment is unknown. The spasms are due to lumbar strain and radiculopathy rather than a cord injury related to paralysis. The request for a TENS/EMS 1 month trial is not medically necessary.