

Case Number:	CM15-0201873		
Date Assigned:	10/16/2015	Date of Injury:	05/22/2015
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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 49 year old male who sustained an industrial injury on 05-22-2015. A review of the medical records indicated that the injured worker is undergoing treatment for right shoulder impingement syndrome, right adhesive capsulitis, lumbar sprain and strain and lumbar radiculopathy. According to the treating physician's progress report on 09-09-2015, the injured worker continues to experience intermittent low back pain radiating into the bilateral lower extremities associated with weakness, burning, numbness and tingling rated at 7 out of 10 on the pain scale. The injured worker reported continuous right shoulder pain with reaching, lifting, pushing and pulling movements rated at 7 out of 10 on the pain scale. Examination demonstrated tenderness to palpation and spasm of the lumbar paravertebral muscles with decreased range of motion in all planes and a positive straight leg raise bilaterally. The right shoulder noted tenderness to palpation of the anterior, lateral and posterior shoulder area with spasm of the anterior and posterior shoulder. Neer's and Hawkins tests were positive with a negative apprehension test. Range of motion was decreased in all directions. The official report of a right shoulder magnetic resonance imaging (MRI) performed on 07-17-2015 was included in the review. Prior treatments focused on the right shoulder with diagnostic testing, physical therapy (6 sessions, right shoulder, partially helpful), acupuncture therapy, activity modification, steroid injections, extracorporeal shockwave therapy (right shoulder 2 sessions completed) and medications. There was no discussion of prior therapies directed to the lower back. Current medications were listed as Tramadol ER, Gabapentin, Zolpidem and Flexeril. Treatment plan consists of pending magnetic resonance imaging (MRI) of the lumbar spine for "worsening

mechanical pain" (RFA on 08-12-2015), pending Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the lower extremities, continuing extracorporeal shockwave therapy (6 treatments total), prescription for Norco 10mg-325mg, topical analgesics and the current request for Dual stimulator TENS/EMS one month trial for the lumbar spine. On 09-22-2015 the Utilization Review determined the request for Dual stimulator TENS/EMS one month trial for the lumbar spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dual stim TENS/EMS one month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines, TENS, chronic pain (transcutaneous electrical nerve stimulation).

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. Regarding EMS, Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. As the EMS modality of the requested neurostimulator is not recommended, the request is not medically necessary.