

<b>Case Number:</b>	CM15-0205406		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Florida

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 53 year old male, who sustained an industrial injury on 7-16-12. Medical records indicate that the injured worker is undergoing treatment for multiple trauma secondary to a fall, status-post cerebral concussions, multiple fractures, post-traumatic stress disorder, left ankle contusions and lumbar radiculopathy. The injured worker is currently temporarily totally disabled. On (10-2-15) the injured worker complained of pain in the left shoulder and arm becoming worse at night, left hip pain, low back pain radiating to the left foot-toes, intermittent left-sided headaches and double vision. The injured worker also reported shortness of breath while lying on his left side. Objective findings showed the lungs to be clear to auscultation. Examination of the shoulders revealed tenderness to palpation over the left shoulder and range of motion of the bilateral shoulders to be slightly limited. The injured worker was noted to have mild left-sided weakness. Treatment and evaluation to date has included medications multiple CT scans, a transcutaneous electrical nerve stimulation unit and multiple surgeries for his traumatic fractures. Current medications include Xanax, Gabapentin, Amiodarone, Norco, Benadryl, Lidoderm patch, Voltaren gel, Pepcid, Lasix, Motrin and an antacid. The Request for Authorization dated 10-7-15 included requests for a pain management evaluation for the left shoulder and lumbar spine, a pulmonologist evaluation for shortness of breath and transcutaneous electrical nerve stimulation unit electrodes and batteries (3 boxes). The Utilization Review documentation dated 10-13-15 non-certified the request for a pain management evaluation for the left shoulder and lumbar spine and a pulmonologist evaluation

for shortness of breath and modified the transcutaneous electrical nerve stimulation unit electrodes and batteries (3 boxes) request to electrodes only.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tens unit and electrodes and batteries #3 boxes: 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:** A TENS unit with electrodes and batteries #3 boxes are being requested. Utilization review points out that this patient was authorized to have "TENS unit rechargeable batteries monthly #6 on September 18th 2015." Likewise, this request for additional batteries is not medically necessary. Utilization review approved the electrodes.

**Pulmonologist evaluation for left shoulder & lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 5 and 7, pages 92 & 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Causes and Evaluation of Chronic Dyspnea. Steven A. Wahls, MD, Oregon Health & Science University, Portland, Oregon Am Fam Physician. 2012 Jul 15; 86 (2): 173-180.

**Decision rationale:** A Pulmonology consultation for shortness of breath is being requested. According to utilization review this request was already authorized on September 18th 2015. Likewise, there is no need to approve an already pending consultation. Therefore this request is redundant and not medically necessary.

**Pain management eval for left shoulder and lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 5 and 7, pages 92 & 127.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Surgical Considerations.

**Decision rationale:** A Pain management evaluation for this patient's left shoulder and lumbar spine is being requested. Utilization review notes that this patient was already approved for a pain management evaluation in 9/2015. Likewise, there is no need to approve an already pending consultation. Therefore this request is redundant and not medically necessary.