

<b>Case Number:</b>	CM15-0050875		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 57 year old female, who sustained an industrial injury on February 14, 2003. The injured worker had reported neck, back and shoulder pain. The diagnoses have included shoulder pain, right sacroiliac joint pain, radiculopathy, lumbar spine degenerative disc disease and low back pain. Treatment to date has included medications, radiological studies, psychological evaluation, physical therapy, electrodiagnostic studies, left shoulder injection, epidural injections, a transcutaneous electrical nerve stimulation unit and lumbar surgery. Current documentation dated February 3, 2015 notes that the injured worker reported increased neck, shoulder, right elbow and left knee pain. Physical examination of the cervical spine revealed pain, spasms and a limited range of motion. Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremity. Examination of the lumbar spine revealed tenderness and a decreased range of motion. Lumbar facet loading was positive on both sides. Right shoulder examination revealed tenderness and negative special shoulder testing. Left shoulder testing revealed a restricted range of motion due to pain and positive special shoulder testing. The right elbow examination revealed tenderness, swelling, redness and bruising. The injured worker was noted to have a brace on the left knee. The treating physician's plan of care included a request for Tegaderm dressing film to be applied over stimulator pads.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tegaderm Dressing Film 4x4 #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** This 57 year old female has complained of neck pain and low back pain since date of injury 2/14/03. She has been treated with surgery, physical therapy, epidural steroid injection and TENS unit. The current request is for Tegaderm dressing film 4x4 #30 to be applied over stimulator pads. Per the MTUS guidelines cited above, Tegaderm dressing film to be applied over stimulator pads is not recommended. On the basis of the available medical records and per the MTUS guidelines cited above, Tegaderm dressing film is not indicated as medically necessary.