

<b>Case Number:</b>	CM15-0058889		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 58-year-old female, who sustained an industrial injury on 04/04/2011. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, radiofrequency ablation at C5-C7 (08/14/2014), MRIs, and electrodiagnostic testing. Currently, the injured worker complains of neck pain with radiation to the upper extremities with numbness and tingling, back pain and lower extremity pain. The injured worker reports improvement in pain from ablation, chiropractic treatments and medications. The diagnoses include multilevel herniated nucleus pulposus of the cervical spine, multilevel canal stenosis, severe multilevel cervical neural foraminal narrowing bilaterally, cervical radiculopathy, right shoulder subacromial bursitis, right shoulder impingement syndrome, status post right shoulder rotator cuff repair, status post right knee arthroscopic surgery (non-industrial), status post left shoulder surgery (non-industrial), neurogenic vs. cervicogenic headaches, and cervical facet arthropathy. The treatment plan consisted of EMG/NCS (electromyography/nerve conduction study) of the upper extremities, TENS (Transcutaneous Electrical Nerve Stimulation) unit supplies, follow-up, and consultations (internal medicine, psychology and neurology).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 113-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

**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 used a TENS previously and use more than a month is not indicated. The request for a TENS unit and its supplies are not medically necessary.

**Internal Medicine Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter- office guidelines and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and /or examinees' fitness for return to work. IN this case, the referral was for high blood pressure and arthritis management. The vitals and medications were not provided to indicate the status of hypertension. The request was not justified and not medically necessary.

**Neurology consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Neuropsychological testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter- office guidelines and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and /or examinees' fitness for return to work. Since the claimant had cervical disease, it was uncertain for the referring physician of the headaches are of neurogenic or central etiology. However, the claimant did not mention headaches in the history at the time of consultation request (2/12/15). The request was not substantiated by claimant's history and is not medically necessary.