

Case Number:	CM14-0082545		
Date Assigned:	07/21/2014	Date of Injury:	10/13/2013
Decision Date:	10/02/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 22 year old female who was injured on 10/13/13 when she mis-stepped and fell into a hole. The injured worker felt the impact of the fall on the left side of the ribs, head and leg. The injured worker complains of left rib pain, discomfort and tingling in the left lower extremity, constant headaches with pain radiating through the left upper extremity and persistent stress, anxiety and depression. The injured worker is diagnosed with chest wall pain, upper extremity neuropathy, lower extremity radiculopathy, migraine headaches and trace cerebellar tonsillar ectopia. The treatment has included pain medication, physical therapy and an injection for the muscles of the neck area to help with headache. Most recent clinical note dated 03/21/14 notes the claimant reports that she is pregnant. The physical examination on this date reveals tenderness to palpation with spasms of the left suboccipital and left upper trapezius muscle with limited cervical range of motion (ROM) due to pain. Compression, Spurling's and Distraction tests are positive. Reflexes and sensation are intact in relation to C5 through C7. The injured worker demonstrates full ROM of the lower extremity with no tenderness to palpation or diminished sensation or reflexes. It is noted the injured worker is awaiting a psychological visit and authorization to see a neurologist. On this date the treating provider requests a functional capacity evaluation with impairment rating and authorization for a transcutaneous electrical nerve stimulation (TENS)/MultiStim unit. Utilization Review dated 05/08/14 denies the request for a functional capacity evaluation (FCE) and modifies a request for two months of TENS unit supplies to certify one month of supplies. The rationale for this decision is not provided. This is an appeal request for TENS unit supplies for two months and a Consult FCE.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit supplies for 2 months (electrodes, batteries, & lead wires): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Page(s): 114-116.

Decision rationale: The records submitted for review indicated a request for a TENS unit was included with the clinical note dated 03/21/14. Records do not indicate that this request was approved. It is also unclear as to whether this request for TENS unit supplies is to accompany a trial use of the TENS or if the trial has been completed and the purchase of a unit has been authorized. Records do not indicate a purchase of a TENS unit has been authorized. As such, this reviewer will consider this request as if it applies to a trial. MTUS Chronic Pain Medical Treatment Guidelines support a one-month trial of the use of a TENS unit. As such, the request for a two-month supply of TENS supplies exceeds guideline recommendations. Based on the clinical information provided, medical necessity of TENS unit supplies for two months to include electrodes, batteries and lead wires is not established.

Consult FCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 511

Decision rationale: The request for a Consult FCE is not recommended as medically necessary. ACOEM states, "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments." Records do not indicate the rationale behind the request for a Functional Capacity Evaluation. Records indicate the injured worker is released to return to work on light duty; however, there is no description of the injured worker's motivation to return to work with her previous employer. Based on the clinical information submitted for review, medical necessity of a Consult FCE is not established.