

<b>Case Number:</b>	CM15-0014681		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 24-year-old male who reported an injury on 09/05/2014. The mechanism of injury involved cumulative trauma. The injured worker is currently diagnosed with cervical spondylosis without myelopathy, thoracic/lumbar spondylosis without myelopathy, partial tear of the rotator cuff tendon of the left shoulder, left lateral epicondylitis, left carpal tunnel syndrome and tendonitis/bursitis of the left hand/wrist. The injured worker presented on 10/29/2014 with complaints of persistent pain over multiple areas of the body. Upon examination of the cervical spine, there was 3+ spasm and tenderness, diminished and painful range of motion, positive axial compression test, positive distraction test, positive shoulder depression test, decreased left and right triceps reflex, and intact sensation. Examination of the thoracic and lumbar spine also revealed 3+ spasm and tenderness, decreased and painful range of motion, positive Kemp's testing bilaterally, positive straight leg raise on the left, diminished left patellar reflex and intact sensation. Examination of the shoulder revealed 4+ spasms and tenderness in the left rotator cuff muscles and left upper shoulder muscles, decreased and painful range of motion, positive Codman's test, positive Speed's test and positive supraspinatus test. Examination of the left elbow, wrist and hand revealed 3+ spasm and tenderness, painful and limited range of motion, positive Cozen's test, positive Tinel's and Phalen's sign, positive bracelet test and diminished grip strength on the left. Recommendations at that time included 6 sessions of acupuncture, 2 prescriptions for compounded creams, an orthopedic consultation, an MRI of the cervical and lumbar spine, and a multi-inferential stimulator rental for 1 month. A Request for Authorization form was then submitted on 10/29/2014.

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

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

**One month home-based trial of Neurostimulator TENS-EMS and supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Blue Shield: TENS (2007)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121..

**Decision rationale:** California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option. In this case, there was no indication that other appropriate pain modalities had been tried and failed. The injured worker was pending authorization for a trial of acupuncture. Additionally, the medical necessity for a combination neurostimulator unit has not been established. Given the above, the request is not medically appropriate at this time.