

<b>Case Number:</b>	CM15-0016465		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: 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 45 year old female, who sustained an industrial injury on April 15, 2014 due to repetitive duties. She has reported neck pain, right shoulder pain, right elbow and forearm pain, right wrist and hand pain, and left ankle pain. The diagnoses have included bone spur of the cervical spine, cervical spine radiculopathy, double crush syndrome with carpal tunnel syndrome of the right wrist and hand, and probable ulnar nerve pathology of the right elbow and forearm. Treatment to date has included cortisone injections to the right shoulder, physical therapy, and medications. A progress note dated December 23, 2014 indicates a chief complaint of continued neck pain, right shoulder pain, right elbow and forearm pain, and right wrist and hand pain. Physical examination showed pain and crepitus with range of motion of the right shoulder, right elbow pain secondary to radiculopathy, and right hand and wrist carpal tunnel syndrome. The medical records note that the injured worker has ran out of modified work and wants to return to her regular duties. It is also noted that she has done well with Tens unit from occupational medicine. The treating physician is requesting a transcutaneous electrical nerve stimulation unit with leads and electrodes for home use, and approval for Dragon Speak voice recognition software to aid the injured worker with her employment. On January 13, 2015 Utilization Review denied the request for the transcutaneous electrical nerve stimulation unit, leads and electrodes, citing the MTUS chronic pain medical treatment guidelines. The request for Dragon Speak was denied due to a lack of documentation to support the medical necessity of the item.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit with leads and electrodes to be used at full time at home:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

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

**Decision rationale:** According to the CA MUTS guidelines, TENS, chronic pain (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis . In this case, the patient is has evidence of neuropathic pain and has undergone a prior trial of Tens unit with benefit. It is noted that the injured worker is motivated to return to her regular work duties. The request for Tens unit with leads and electrodes to be used full time at home is medically necessary.

**Dragon Speak:** Overturned

**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 Official Disability Guidelines, Neck and Upper Back Chapter, Ergonomics

**Decision rationale:** According to the Official Disability Guidelines, there is literature to support decreased trapezius loading and symptoms secondary to ergonomic interventions. In this case, the injured worker is followed for cervical spine radiculopathy, double crush syndrome with carpal tunnel syndrome of the right wrist and hand, and probable ulnar nerve pathology of the right elbow and forearm. The injured worker has undergone conservative treatment and is motivated to return to her normal work duties. The request for speech recognition device is supported in allowing her to perform her work duties more efficiently. The request for Dragon Speak is medically necessary.