

Case Number:	CM15-0178816		
Date Assigned:	09/21/2015	Date of Injury:	08/18/2004
Decision Date:	10/28/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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 76 () year old female, who sustained an industrial injury on 8-18-04. The injured worker was diagnosed as having spondylosis cervical spine; right shoulder partial tear rotator cuff; discogenic cervical condition with multilevel disc disease; impingement syndrome left shoulder; impingement syndrome right shoulder. Treatment to date has included physical therapy; trigger point injections; urine drug testing; medications. Currently, the PR-2 notes dated 8-6-15, the provider documents "The coverage is for the neck and both shoulders. I have not seen her now for several years, even though she has been in my practice. She has had, it appears at least four MRI;s of the cervical spine. The last one should be in 2013 or so showing quite a bit of wear at C3-C4, C4-C5 and C5-C6 with facet change and foraminal narrowing. There was also facet change in C7-T1. The facet changes were also noted at C3-C4. She has had nerve studies in 2010 that were unremarkable as well as in June 2013 which was unremarkable to radiculopathy. She has a MIR of the left shoulder in March 2012 showing AC joint wear as well as impingement along the shoulder on the left. She has an MRI of the right shoulder obtained in 2010 showing high-grade partial-tear rotator cuff. She saw another provider in 2010 who recommended more MRI's. She has had an evaluation with another provider in 2011 who suggested a fusion at C3 through C6. It should be noted that the patient has retired when she saw me in January 2009 and her treatment was being conservative over that time. The patient does have constant pain with regard to the neck, waking her up from her sleep. She has motion loss, stiffness, and shooting pain on finger tips. She had limitation in keeping her neck still for more than two minutes at a time with regard to the shoulders. She has had

intermittent-to-frequent pain with limitation in reaching overhead activities, stiffness and motion loss. Around the house, the patient has help. She has not been doing physical activities much." The Objective Findings are documented by the provider noting "Neck motion is 30 degrees, extension 15 degrees, and tilting is 10 degrees to the right and 15 degrees to the left. Shoulder elevation and abduction is noted at 125 degrees bilaterally. Internal rotation is 80 degrees and external rotation is 80 degrees. Neurological reflexes in the biceps and triceps are absent. Sensory function to pinwheel is normal. On evaluation for strength, she has grade 5 strength to resisted abduction. Grip is 35 on the right and 40 on the left. She has tenderness along the facet of the cervical spine as well as occipitocervical junction. Tenderness along the rotator cuff is noted. She has positive cross-arm test and tenderness along the rotator cuff and positive O'Brien test." A Request for Authorization is dated 9-11-15. A Utilization Review letter is dated 8-17-15 and non-certification was for TENS Unit (4 Lead) and Conductive Garment. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines, (2009), Chronic Pain Treatment Guidelines, page 116 - Criteria for the use of TENS. Utilization Review letter stated "She has a TENS unit previously but there are no records to show that it helped. The guidelines do not support a 4 lead TENS unit without a documented reason." The provider is requesting authorization of TENS Unit (4 Lead) and Conductive Garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit (4 Lead): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with pain in the cervical spine and the right shoulder. The request is for Tens Unit (4 Lead). Physical examination to the cervical spine on 09/08/15 revealed tenderness to palpation the cervical facets and occipitocervical junction. Range of motion was noted to be decreased. Examination to the right shoulder revealed tenderness to palpation to the rotator cuff. Per 08/06/15 progress report, patient's diagnosis include discogenic cervical condition with multilevel disc disease especially from C3 through C6 with facet changes at C3-C4 and especially facet changes at C7-T1; foraminal narrowing and stenosis being noted from C3 through C6; nerve studies obtained in 2010 and 2013 being unremarkable; associated with this, the patient has headaches and shoulder girdle improvement; impingement syndrome along the shoulder on the left with MRI showing high joint wear and impingement; the impingement syndrome of the shoulder along the right with MRI showing high grade partial tear rotator cuff obtained in 2010. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, on page 116, Criteria For Use of TENS states the following: "(1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit

was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted. (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. Treater does not discuss this request. In review of the medical records provided, there is no documentation of prior one-month trial and its outcome, and there is no treatment plan with short and long term goals. MTUS requires documentation of one month prior to dispensing home units, as an adjunct to other treatment modalities, with a functional restoration approach. Furthermore, the treater has not indicated whether the requested Tens is for purchase or rental. Given the lack of documentation, as required by MTUS, the request is not medically necessary.

Conductive Garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with pain in the cervical spine and the right shoulder. The request is for Conductive Garment. Physical examination to the cervical spine on 09/08/15 revealed tenderness to palpation the cervical facets and occipitocervical junction. Range of motion was noted to be decreased. Examination to the right shoulder revealed tenderness to palpation to the rotator cuff. Per 08/06/15 progress report, patient's diagnosis include discogenic cervical condition with multilevel disc disease especially from C3 through C6 with facet changes at C3-C4 and especially facet changes at C7-T1; foraminal narrowing and stenosis being noted from C3 through C6; nerve studies obtained in 2010 and 2013 being unremarkable; associated with this, the patient has headaches and shoulder girdle improvement; impingement syndrome along the shoulder on the left with MRI showing high joint wear and impingement; the impingement syndrome of the shoulder along the right with MRI showing high grade partial tear rotator cuff obtained in 2010. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, on page 116, Criteria For Use of TENS states the following: (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted. (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. In this case, the treater does not explain why a conductive garment is needed. The patient does not present with a medical condition such as skin pathology nor require a large area of treatment to warrant a conductive garment. Furthermore, since the request for a TENS unit is denied, the request for a conductive garment is not medically necessary.