

Case Number:	CM15-0179151		
Date Assigned:	09/21/2015	Date of Injury:	03/06/2014
Decision Date:	10/30/2015	UR Denial Date:	08/19/2015
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, Pain Management, Occupational Medicine

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 54 year old female, who sustained an industrial injury on March 6, 2014. The injured worker was being treated for cervical disc herniation with myelopathy, thoracic spondylosis without myelopathy, lumbar spondylosis without myelopathy, bilateral carpal tunnel syndrome, tendinitis and bursitis of the bilateral hands and wrists, and tendinitis and bursitis of the bilateral shoulders. Medical records (February 23, 2015 to July 30, 2015) indicate the injured worker reports ongoing cervical pain with stiffness and popping. Associated symptoms include spasms, tingling, and pain radiating into both arms. She reports ongoing low back pain radiating into the left leg, bilateral shoulder pain with tingling, and bilateral wrist and hand pain with numbness and tingling. The physical exam (February 23, 2015 to July 30, 2015) reveals improvement of spasm and tenderness of the C4-C7 (cervical 4-cervical 7) bilateral paraspinal muscles, bilateral suboccipital muscles, bilateral upper shoulder muscles, bilateral thoracic paraspinal muscles from thoracic 1-T7 (thoracic 1-thoracic 7), and bilateral wrists, and bilateral thenar eminences. The bilateral wrist Jamar readings are show improvement. There is no improvement of spasm and tenderness of the bilateral lumbar paraspinal muscles from L1-S1 (lumbar 1-sacral 1) and multifidus, bilateral rotator cuff muscles and bilateral upper shoulder muscles. On June 24, 2014, electrodiagnostic studies revealed bilateral carpal tunnel syndrome. On July 24, 2014, an MRI of the lumbar spine revealed disc protrusions with posterior annular tears at L3-L4 (lumbar 3-lumbar 4), L4-L5 (lumbar 4-lumbar 5), and L5-S1 (lumbar 5-sacral 1), with abutment of the exiting left L3 nerve root by the L3-L4 disc protrusion. On July 24, 2014,

an MRI of the cervical spine revealed reversal of cervical lordosis, a left foraminal disc osteophyte complex resulting in abutment of the exiting left cervical nerve root with left neural foraminal narrowing at C5-C6 (cervical 5-cervical 6), and biforaminal uncovertebral bone hypertrophy with abutment of the exiting bilateral nerve roots. On January 27, 2015, an MRI of the right shoulder revealed tenosynovitis of the long head of the biceps tendon, mild tendinopathy of the supraspinatus tendon, acromioclavicular joint arthropathy, and mild glenohumeral joint osteoarthritis changes. On February 3, 2015, an MRI of the right shoulder revealed a possible anterosuperior glenoid labrum tear, joint effusion, tenosynovitis of the biceps tendon, tendinosis and peritendinitis of the supraspinatus tendon, and acromioclavicular joint arthropathy. Treatment has included: at least 18 sessions of acupuncture, at least 22 sessions of chiropractic therapy with electrical stimulation to the lumbar spine and bilateral shoulders, a home exercise program, bilateral wrist braces, work restrictions, a functional capacity evaluation, and medications including oral pain, topical pain, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (July 30, 2015 report), the injured worker has returned to work. The requested treatments included a one month home based trial of neurostimulator transcutaneous electrical nerve stimulation-neurostimulator electrical muscle stimulation (TENS- EMS). On August 19, 2015, the original utilization review non-certified a request for a one month home based trial of TENS-EMS for the neck, back, bilateral shoulders, and bilateral wrists and hands.

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: 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, Electrical stimulators (E-stim).

Decision rationale: MTUS 2009 states that TENS units should be used as part of a functional restoration program. The accompanying medical records do not describe any significant improvement with electrical stimulation therapy. Furthermore there is no indication that there is any treatment plan in place for functional restoration which incorporates use of electrical stimulation. This request for a TENS unit trial is not medically necessary.

One month home based trial of neurostimulator EMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Electrical muscle stimulation (EMS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: MTUS 2009 states that electrical stimulation units should be used as part of a functional restoration program. The accompanying medical records do not describe any significant improvement with electrical stimulation therapy. Furthermore there is no indication that there is any treatment plan in place for functional restoration which incorporates use of electrical stimulation. This request for an electrical stimulator trial is not medically necessary.