

Case Number:	CM15-0027748		
Date Assigned:	02/20/2015	Date of Injury:	01/17/2013
Decision Date:	04/03/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/13/2015

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 30 year old male, who sustained an industrial injury on 01/17/2013. He has reported subsequent neck, back and right shoulder pain and was diagnosed with cervical and lumbar discogenic disease and right shoulder impingement. Treatment to date has included oral pain medication. In a progress note dated 01/07/2015, objective physical examination findings were notable for spasm of the neck and lumbar spinal muscles with decreased range of motion, acromioclavicular tenderness and impingement of the right acromion, weakness of the shoulder muscles and a positive Hawkins sign. The injured worker was noted to have an antalgic gait and pain was noted to be mild. The physician noted that TENS unit was helpful in the past. A request for authorization of TENS unit and work hardening program was made. On 02/03/2015, Utilization Review non-certified requests for TENS unit and work hardening, noting that there was no documentation of a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands to support work hardening and that there was no documentation of a treatment plan including goals of treatment with a TENS unit. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The 30 year old patient presents with pain in neck, back and shoulder, as per progress report dated 01/07/15. The request is for TENS UNIT FOR PURCHASE. The RFA for the case is dated 01/27/15, and the patient's date of injury is 01/17/13. Medications included Gabapentin, Naproxen, Tizanidine, Tramadol and Amitriptyline. Diagnoses including cervical discogenic disease, lumbar discogenic disease, and right shoulder impingement syndrome. The patient is working with restrictions, as per progress report dated 01/07/15. For TENS unit, MTUS guidelines, on page 116, require (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, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. In this case, both the treater and QME are recommending a TENS unit, as per progress report dated 01/07/15. The treater states that the patient received the unit during physical therapy and "it was helpful." The treater requests for a purchase of the TENS unit but does not discuss the purpose of the request. Additionally, there is no documentation of prior one-month trial and its outcome, and there is no treatment plan with short- and long-term goals. Hence, this request IS NOT medically necessary.

Work hardening 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work hardening programs Page(s): 125-126.

Decision rationale: The 30 year old patient presents with pain in neck, back and shoulder, as per progress report dated 01/07/15. The request is for WORK HARDENING 2 X 6. The RFA for the case is dated 01/27/15, and the patient's date of injury is 01/17/13. Medications included Gabapentin, Naproxen, Tizanidine, Tramadol and Amitriptyline. Diagnoses including cervical discogenic disease, lumbar discogenic disease, and right shoulder impingement syndrome. The patient is working with restrictions, as per progress report dated 01/07/15. The MTUS Guidelines page 125-126 recommends work hardening programs as an option and requires specific criteria

to be met for admission, including work-related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, nonsurgical candidate, define return to work goal agreed by employer and employee, etc. A defined returned to work goal is described as; (a) A documented specific job to return to with job demands that exceeds abilities, or (b) Documented on the job training. Furthermore, "Approval of this program should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program. In this case, both the treater and QME are recommending a work hardening program, as per progress report dated 01/07/15. However, the patient is working and there is lack of documentation of specific job to return to and likelihood of success that this patient will return to work. In addition, a screening process prior to consideration has not taken place. The requested work hardening program IS NOT medically necessary.