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| <b>Case Number:</b>   | CM15-0063854 |                              |            |
| <b>Date Assigned:</b> | 04/09/2015   | <b>Date of Injury:</b>       | 03/20/2014 |
| <b>Decision Date:</b> | 05/08/2015   | <b>UR Denial Date:</b>       | 03/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2015 |

### 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 27 year old male who sustained a work related injury March 20, 2014. While driving a tow truck and at a stop, he was rear-ended, resulting in moderate back pain and neck and right shoulder pain. Treatment included CT scan cervical spine; negative for fracture, Motrin, and Tylenol. According to a primary treating physician's progress report, dated February 17, 2015, the injured worker presented for follow-up with back pain, rated 8/10, with radiation down both legs intermittently, and shoulder pain improved and rated 4/10. The physician documents the injured worker is not taking medication, performing home exercise program (HEP) and chiropractic treatments which he finds helpful. The TENS unit is helpful but the heating pad helps more. Diagnoses included lumbosacral or thoracic neuritis or radiculitis unspecified; cervical sprain/strain, neck; shoulder sprain/strain; lumbalgia/lumbar intervertebral disc without myelopathy; lumbar sprain/strain. Treatment plan included spine consultation, continue chiropractic treatment increase use of TENS unit to 4 times a day renew Lidopro cream and dispense TENS patches. The issues at dispute are (1) TENS unit, (1) TENS unit patches and (1) trigger point injection without medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive chiropractic therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The One (1) TENS unit is not medically necessary and appropriate.

**One (1) TENS unit patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

**Decision rationale:** As the One (1) TENS unit is not medically necessary and appropriate, thereby, the One (1) TENS unit patch is not medically necessary and appropriate

**One (1) trigger point injection (TRI) without meds:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Colorado, 2002, BlueCross BlueShield, 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection Page(s): 122.

**Decision rationale:** The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In

addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings have not identified any specific neurological deficits in the upper extremities. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The One (1) trigger point injection (TPI) without meds is not medically necessary and appropriate.