

Case Number:	CM15-0071923		
Date Assigned:	04/22/2015	Date of Injury:	11/02/1998
Decision Date:	05/20/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/15/2015

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: Emergency 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 59 year old female, who sustained an industrial injury on 11/2/98. She reported initial complaints of right upper extremity, shoulder and low back. The injured worker was diagnosed as having sprains/strain shoulder/upper arm; adhesive capsulitis of shoulder; displacement of cervical intervertebral disc without myelopathy; thoracic or lumbosacral neuritis/radiculitis; post traumatic arthritis left acromioclavicular joint; insomnia; depression. Treatment to date has included physical therapy; status post right shoulder arthroscopic distal claviclectomy/decompression (2006); urine drug screening; medications; EMG/NCV upper extremities (3/18/15). Currently, the PR-2 notes dated 3/3/15 indicated the injured worker complains of worsening severe right shoulder and neck pain and back pain is moderate to severe. She is not in therapy and not working. Current prescribed medications are Tramadol 150mg two times per day, Prilosec two times a day and ibuprofen once daily. The physical examination demonstrates a decrease in range of motion in the neck with trigger points and right shoulder with pain during motion and lumbar spine with limited range of motion. The provider's treatment plan includes ordering MRI's and upper extremity EMG/NCV (completed 3/18/15 and submitted in records) for the radiation of pain from neck and upper extremities. The provider has requested an X-Force TENS (transcutaneous electrical nerve stimulation) with SolarCare for some relief in addition to her prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force TENS (transcutaneous electrical nerve stimulation) with SolarCare: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic); Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic,(transcutaneous electrical nerve stimulation), pages 114 - 116 Page(s): 114-116.

Decision rationale: The requested X-Force TENS (transcutaneous electrical nerve stimulation) with SolarCare is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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". The injured worker has worsening severe right shoulder and neck pain and back pain is moderate to severe. She is not in therapy and not working. Current prescribed medications are Tramadol 150mg two times per day, Prilosec two times a day and ibuprofen once daily. The physical examination demonstrates a decrease in range of motion in the neck with trigger points and right shoulder with pain during motion and lumbar spine with limited range of motion. The treating physician has not documented a current rehabilitation program, or objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist or home use. The criteria noted above not having been met, X-Force TENS (transcutaneous electrical nerve stimulation) with SolarCare is not medically necessary.