

<b>Case Number:</b>	CM15-0077245		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	10/02/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 49 year old female, who sustained an industrial injury on 10/02/2014. She has reported injury to the head, neck, left shoulder/arm, and low back. The diagnoses have included cervical musculoligamentous sprain/strain with left upper extremity radiculitis; lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis; and left shoulder impingement/strain. Treatment to date has included medications, diagnostics, ice/heat, physical therapy, and home exercise program. Medications have included Anaprox and Fexmid. A progress note from the treating physician, dated 03/19/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued low back pain with associated radicular symptoms, right side greater than left; continued neck pain with associated left upper extremity radicular symptoms; and continued pain to the left shoulder. Objective findings included tenderness to palpation over the lumbar spine, cervical spine, and left shoulder; and limited range of motion to the lumbar spine, cervical spine, and left shoulder. The treatment plan has included the request for trial of traction for the cervical spine, two to three sessions; and TENS (transcutaneous electrical nerve stimulation) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of traction for the cervical spine, two to three sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 173 and 181.

**Decision rationale:** As per MTUS ACOEM guidelines, cervical tractions have poor evidence to support its use. Guidelines do not recommend cervical traction. The request is not medically necessary.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 114 - 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): s 114-117.

**Decision rationale:** As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of radicular pain. There is no documentation of failures of multiple conservative treatment modalities. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. There is no documentation of an appropriate 1month trial of TENS. Patient fails multiple criteria for TENS. TENS is not medically necessary.