

<b>Case Number:</b>	CM13-0012106		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	07/18/2009
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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(n) 55 year old female, who sustained an industrial injury on 7-18-09. The injured worker was diagnosed as having cervical radiculopathy status post anterior cervical disc fusion, bilateral shoulder impingement, lumbar radiculitis, myofascial pain and left De Quervain's tendonitis. The physical exam (2-19-13 through 4-9-13) revealed tenderness to palpation of the left wrist, pain with left shoulder abduction and left shoulder flexion and abduction 160 degrees. Treatment to date has included physical therapy, an EMG-NCV on 10-20-10 showing bilateral C5-C6 radiculopathy and bilateral carpal tunnel syndrome and an ultrasound guided injection to the left shoulder on 2-19-13. As of the PR2 dated 5-21-13, the injured worker reports pain in the left shoulder and wrist. Objective finding include a positive medial nerve compression test in the left wrist, a positive Tinel's sign and "reduced left shoulder abduction. The treating physician requested a neurological consultation, a lumbar MRI and a TENS unit for purchase. The Utilization Review dated 8-13-13, non-certified the request for a neurological consultation, a lumbar MRI and a TENS unit for purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurological Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

**Decision rationale:** ACOEM Chapter 7 states that consultation is an option to assist with diagnosis, treatment or prognosis. This request does not indicate why a neurologic assessment is needed. The physical examination does not show any significant and your logic deficits. This injury is over five years old. This request for a consultation does not contain enough information to determine why it is needed. There for this request for a consultation is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostc Criteria.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** MTUS 2009 states that advanced imaging studies such as an MRI is an option to assess neurologic compromise. The medical records not describe any significant neurologic compromise for which an MRI would be indicated. This request for an MRI of the lumbar spine is not medically necessary.

**Purchase of a TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** MTUS 2009 states that a TENS unit purchase is an option after a successful TENS unit trial. The medical records do not document a successful TENS unit trial for which a TENS unit purchase would be appropriate. The TENS unit is not used as part of the functional restoration approach to care which is also a requirement of MTUS 2009. Based on its lack of use as parts of a functionally restorative treatment program and the lack of a successful TENS unit trial, this request for a TENS unit purchase is not medically necessary.