

Case Number:	CM13-0036886		
Date Assigned:	12/13/2013	Date of Injury:	08/11/2008
Decision Date:	02/04/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old female with a reported date of injury on 08/11/2008. A sensory examination to light touch and pinprick was normal in the upper extremities and the upper and lower extremities responded normally and symmetrically to deep tendon reflex testing. The patient reported moderate pain. The patient had diagnoses including impingement, right shoulder, contusion of the face and scalp, dental disorder, cervicgia, pain in neck, and rotator cuff sprain. The physician's treatment plan included request for an MRI of the thoracic spine and a request for a TENS unit 30 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG and Blue Cross Blue Shield.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305 & 308-310.

Decision rationale: The ACOEM states, if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue,

computer tomography [CT] for bony structures). A CT or MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. MRI is the test of choice for patients with prior back surgery. ACOEM states using imaging tests before 1 month in absence of red flags is not recommended. Within the provided documentation, the requesting physician did not include an adequate assessment of the patient's thoracic spine including neurologic deficits as well as functional deficits indicating the patient's need for an MRI at this time. Additionally, the requesting physician's prior courses of treatment in regards to the thoracic spine were unclear within the provided documentation. Therefore, the request for an MRI of the thoracic spine was neither medically necessary nor appropriate.

30 day trial of a TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG and Blue Cross Blue Shield.

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

Decision rationale: The California MTUS guidelines note the use of TENS is 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 for patients with; neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Within the provided documentation the requesting physician did not include an adequate assessment of the patient's complete objective functional condition in order to demonstrate deficits needing to be addressed with TENS therapy. Additionally, it was unclear if the TENS unit would be used in adjunct to a program of evidence based functional restoration. Additionally, it did not appear the patient carried a diagnosis of neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Therefore, the request for TENS unit 30 day trial is neither medically necessary nor appropriate.