

Case Number:	CM13-0046369		
Date Assigned:	12/27/2013	Date of Injury:	06/13/2013
Decision Date:	08/14/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/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 53 year old male who was injured on 06/13/2013. The mechanism of injury is unknown. Pain management report dated 08/12/2013 states the patient complained of neck pain which he rated as 6/10 without medications and a 5/10 with medications. He stated the pain is aggravated with neck movements and it is reduced with medications. He also reported low back pain at 7/10 without medications and 6/10 with medications. The pain is aggravated with back movements and it is reduced with medications. He did report associated numbness into both legs. He has bilateral knee pain, bilateral ankle pain and bilateral elbow pain and rated pain without medications as 4-5/10 and with medications 3/10. On exam, there is cervical spine tenderness and moderate spasm palpable over the bilateral paracervical muscles and bilateral trapezius muscles. He also has decreased range of motion in all planes due to end range neck pain. The lumbar spine reveals moderate tenderness and spasm palpable over bilateral paralumbar muscles. There is decreased range of motion in all planes due to end range back pain. There is palpable tenderness in both shoulders. There is full shoulder range of motion bilaterally. The elbow has tenderness in the lateral epicondyle areas, bilaterally. there is reduced elbow range of motion bilaterally. The knee has tenderness to palpation over the medial and lateral knee joint lines bilaterally. Diagnoses are cervical radiculopathy, cervical spine sprain/strain, lumbar radiculopathy, lumbar spine sprain/strain, bilateral knees sprain/strain, bilateral ankles sprain/strain, bilateral elbows sprain/strain, and insomnia. Prior treatments include chiropractic therapy on 9/25/13, Hydrocodone, Tramadol, Soma, Alprazolam, Terocin and compound creams. The treatment and plan included pain medication management, urine drug test, MRI of the lumbar spine to investigate discopathy as well as cervical nerve root compromise; MRI of the cervical spine, chiropractic treatment and physical therapy 2-3 times per week for 4 weeks and a TENS unit. Prior utilization review dated 10/24/2013 states the requests for MRI of the cervical

spinal canal without contrast is certified; chiropractic sessions/physical therapy two to three times a week for four weeks (cervical, lumbar) is not certified, tens unit is not certified and supplies (rental or purchase), urine drug tests partially certified and has been modified to confirmatory testing only performed on inconsistent results.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINAL CANAL WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 172.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Neck >, < MRI of cervical spine >.

Decision rationale: According to the California MTUS guidelines, MRI of cervical spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Furthermore, as per California MTUS guidelines, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In this case, the patient complains of neck pain and on physical exam, there is documentation of decreased cervical ROM; however, there is no evidence of radiculopathy with abnormal neurologic findings including decreased reflexes, sensation, or strength in bilateral upper extremities to warrant cervical MRI. Thus, the request for MRI of the cervical spine is not medically necessary and is non-certified.

CHIROPRACTIC SESSIONS/PHYSICAL THERAPY TWO TO THREE TIMES A WEEK FOR FOUR WEEKS (CERVICAL, LUMBAR): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy, Chiropractic sessions Page(s): 58-59.

Decision rationale: According to the California MTUS guidelines, chiropractic treatment may be appropriate for treatment of chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. Per guidelines, manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions with the goal of positive symptomatic or objective measurable gains in functional improvement and the return to productive activities. In this case, the injured worker has received chiropractic treatment in the past; however the medical records provided do not demonstrate any significant improvement in the objective measurements with prior therapy. Therefore, the need for repeat chiropractic

treatment / physical therapy is not medically necessary per guidelines and based on the submitted records and is not medically necessary.

TENS UNIT AND SUPPLIES (RENTAL OR PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: According to the California MTUS guidelines, TENS for chronic pain, is recommended as a one-month home-based TENS trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions such as: Neuropathic pain, Phantom limb pain, Spasticity, and Multiple sclerosis. The medical records do not document TENS trial. There is no evidence of a neuropathic pain diagnosis to establish the need for the TENS unit. Based on the California MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not certified as medically necessary.

URINE DRUG TEST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Urine drug testing > Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain>, <Urine drug screening>.

Decision rationale: As per California MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. According to the guidelines, urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In this case, there is no evidence of any aberrant behavior or non-compliance. Furthermore, the result of prior drug urine test is unknown. Therefore, in absence of the above information, urine test and toxicity screening is not medically necessary.