

Case Number:	CM13-0069536		
Date Assigned:	01/03/2014	Date of Injury:	09/18/2012
Decision Date:	08/15/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Interventional Spine 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 41-year-old male with a date of injury of 09/18/2012. The listed diagnoses per [REDACTED] are: chronic cervical ligamentous and muscular strain with mild discopathy; chronic left shoulder pain; chronic left scapular strain; and left thoracic ligamentous and muscular strain. According to initial comprehensive consultation report by [REDACTED], this patient presents with neck, upper back, left shoulder and scapular area pain. It was noted the patient is currently taking Tizanidine 2 mg which is helping. The patient states he has occasional pain at the neck and upper back which travels from his left shoulder to his neck. He feels tightness and muscle spasm in his upper back. He is also using analgesic ointments which provided him temporary relief. An examination of the cervical spine revealed tenderness and muscle tightness in the suprascapular region, especially on the left side and left paracervical area. Range of motion was restricted with spasm noted. Medical records indicate there was an MRI of the cervical spine done at [REDACTED] on 04/15/2013 which revealed 1.5 mm C5 to C6 diffuse disk bulging without degenerative disk disease. Request for authorization dated 11/25/2013 requests a urine analysis, MRI of the cervical spine, and a transcutaneous electrical nerve stimulation (TENS) unit for purchase. Utilization review denied the request on 12/06/2013.

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 Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: ACOEM Guidelines state the following criteria for ordering images: Emergence of red flag, physiologic evidence of tissue insult, or neurologic dysfunction; failure to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure. For chronic conditions, ODG Guidelines recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. In this case, the patient has already had an MRI of the cervical spine, which showed mild 1 mm disk protrusion. The patient does not have a new injury or new location of symptoms to warrant an additional MRI. As such, the request is not medically necessary.

URINE ANALYSIS FOR DRUG SCREENING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for Use of Urine Drug Testing.

Decision rationale: ODG Guidelines recommend once yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low risk patients. The medical records indicate the patient is not taking any opioids. The patient is currently taking Tizanidine and using topical analgesic creams. The patient in the recent past has also taken Ibuprofen, but has no indication of chronic opiate use. As such, the request is not medically necessary.

TENS UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Per MTUS Guidelines, TENS units have not proven efficacy in treating chronic pain and are not recommended as a primary treatment modality, but a one-month home-based trial may be considered for specific diagnosis of neuropathy, complex regional pain syndrome (CRPS), spasticity, phantom-limb pain, and multiple sclerosis. When a TENS unit is

indicated a 30-day home trial is recommended, and with documentation of function improvement, additional usage may be indicated. As such, the request is not medically necessary.