

Case Number:	CM14-0108286		
Date Assigned:	08/01/2014	Date of Injury:	02/11/2013
Decision Date:	10/02/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 11, 2013. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated June 30, 2014, the claims administrator denied a request for a cervical MRI and one-month TENS unit trial. The claims administrator stated that the applicant did not have a condition which would support provision of a TENS unit and therefore denied the same. The claims administrator based its denial of the TENS unit, in a large part, on previous unfavorable Utilization Report Reports on the same issue. The claims administrator did suggest that the applicant was working regular duty, however. In a note dated June 18, 2014, the applicant reported persistent complaints of neck pain with associated episodic dizziness. The applicant was on Tramadol, Flonase, and Naprosyn, it was stated. The applicant was working full time as a bus driver, it was stated in another section of the report. The applicant exhibited 5/5 muscle strength in all limbs with pain-limited cervical range of motion and facetogenic tenderness appreciated. The applicant had symmetric reflexes, it was further noted. Cervical MRI imaging was sought. A 30-day TENS unit trial was also endorsed. The applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Closed MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 8-8 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does "recommend" MRI or CT imaging of the cervical spine, to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the applicant does not have any clear history and/or physical findings suggestive of an active cervical radiculopathy process. The applicant is possessed of well-preserved upper extremity and neurologic function, including normal upper extremity strength and reflexes. There is no indication that the applicant was actively considering any kind of surgical intervention or interventional procedure involving the cervical spine, it is further noted. Therefore, the request is not medically necessary.

TENS Unit with supplies, 30 day rental: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, TENS units are endorsed on a one-month trial basis in the treatment of chronic intractable pain of greater than three months' duration in applicants in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. In this case, the applicant's neck pain complaints had, in fact, proven recalcitrant to a variety of conservative measures, including time, medications, observation, physical therapy, regular duty work, etc. A TENS unit trial rental was therefore indicated. Accordingly, the request is medically necessary.