

Case Number:	CM14-0124040		
Date Assigned:	08/08/2014	Date of Injury:	03/23/2014
Decision Date:	10/02/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 43-year-old male with a reported date of injury on 03/23/2014. The injury reportedly occurred when a radio fell and hit the injured worker on the head. His diagnoses were noted to include head contusion, headache, neck pain, and low back pain. His previous treatments were noted to include physical therapy and medications. The progress note dated 07/08/2014 revealed complaints of headache and neck pain. The injured worker expressed concern about getting some investigations done to rule out any ongoing pathology. The injured worker rated his pain 8/10 with no new radiation, numbness, tingling sensation or problems controlling his bowel or bladder. The physical examination revealed strength in the upper extremities was rated 5/5 and the reflexes in the upper extremities and knee jerks were rated 2+. The gross sensation was intact. There were tender areas over the bilateral cervical facet joints and trapezius muscles. Neck flexion and extension were about 40% to 50% and extension was painful. The Request for Authorization form dated 07/08/2014 was for an MRI of the cervical spine, CT scan, and home TENS unit for headache and neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed topography (CT (CT) of the brain.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Computed topography (CT) of the Brain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Head, CT (computed tomography)..

Decision rationale: The request for Computed topography (CT) of the brain is not medically necessary. The injured worker complains of neck pain and headache. The Official Disability Guidelines recommend CT for abnormal mental status, focal neurological deficits, or acute seizure, and should be considered for signs of vascular skull fracture, physical evidence of trauma above the clavicles, acute traumatic seizure, age greater than 60, an interval of disturbed consciousness, pre or post event amnesia, drug or alcohol intoxication, and any recent history of TBI including MTBI. Also may be used to follow identified pathology or screen for late pathology. Subsequently, CT scans are generally accepted where there is suspected intracranial blood, extra-axial blood, hydrocephalies, altered mental states, or a change in clinical condition including development of new neurological symptoms or post traumatic seizure. MRIs are generally recommended, as opposed to CT, once the initial acute stage is passed. There is a lack of documentation regarding abnormal neurological findings or a situation to require a CT scan. There is a lack of documentation regarding failure of conservative treatment and significant clinical findings to warrant an imaging study. Therefore, the request is not medically necessary.

Magnetic Resonance Imaging (MRI) of the cervical spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter: Indications for Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for Magnetic Resonance Imaging (MRI) of the cervical spine is not medically necessary. The injured worker complains of neck pain and headaches. The CA MTUS/ACOEM Guidelines state physiologic evidence may be informed with definite neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurological 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. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion a consultant regarding next steps, including a selection of an imaging study to define a potential cause, such as an MRI for neurological deficits. The recent evidence indicate cervical disc annular tears may be missed on MRIs. The guidelines state an MRI can be used to identify an anatomic defect. The injured worker indicated his pain rated 8/10 with no new radiation, numbness, tingling sensation or problems controlling his bowel or bladder. The injured worker reported his head and neck continued to bother him and the examination of the neck noted decreased range of motion. There is a lack of documentation showing significant neurological deficits, such as decreased motor strength or sensation in a specific dermatomal distribution. Additionally, there is a lack of red flags or significant clinical findings to warrant an MRI. As such, the request is not medically necessary.

Purchase of a Transcutaneous Electronic Nerve Stimulator (TENS) Unit.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain, Page(s): 114, 116.

Decision rationale: The request for Purchase of a Transcutaneous Electronic Nerve Stimulator (TENS) Unit is not medically necessary. The injured worker complains of headaches and neck pain. The California Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but a 1 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. The guidelines criteria are documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a 1 month trial period of TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatments should also be documented during the trial period including medication usage. There is a lack of documentation regarding failure of conservative treatment in regards to physical therapy and other treatment modalities attempted. Additionally, the guidelines recommend a 30 day trial of the TENS unit and the request is for a purchase of a TENS unit which is not appropriate at this time. Therefore, the request is not medically necessary.