

<b>Case Number:</b>	CM14-0051701		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Internal 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 injured worker is a 54-year-old male who reported an injury of unknown mechanism on 02/11/2013. On 07/16/2014, his diagnoses included bilateral cervical facet joint pain at C4 through C7, cervical facet joint arthropathy, cervical sprain/strain, cervical whiplash, and post concussion syndrome. His complaints included bilateral lower neck pain with episodic dizziness. Upon examination, there was tenderness to palpation of the cervical paraspinal muscles overlying the bilateral C4-C7 facet joints. Cervical ranges of motion were restricted by pain in all directions. Nerve root tension signs were negative bilaterally. The rationale for the requested MRI was to evaluate for nerve root impingement, disc protrusion, stenosis, degenerative disc disease, and facet joint arthropathy. The rationale for the requested TENS unit was to treat this injured worker's chronic neck pain. His medications included naproxen 550 mg and tramadol 37.5/325 mg. On 01/06/2014, after 6 sessions of chiropractic therapy, this injured worker noted improvement of uncomfortable neck stiffness, and measurable restoration of neck motion. However, persistent neck pain in the lower neck continued. On 07/31/2014, it was noted that this injured worker's TENS unit 30 day trial was approved. The TENS unit was ordered and was to be received by mail. A Request for Authorization dated 06/23/2014 was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI C-Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182..

**Decision rationale:** The California ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the sources of pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results because of the possibility of identifying a finding that was present before symptoms began and therefore, has no temporal association with the symptoms. False positive results have been found in up to 50% of those over age 40. MRIs are recommended for acute neck and upper back conditions when red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection are present. There was no evidence in the submitted documentation of radiculopathy or myelopathy of this injured worker's cervical spine. Additionally, there were no red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection. The clinical information submitted failed to meet the evidence based guidelines for an MRI. Therefore, the request for MRI C-Spine is not medically necessary.

**TENS Unit: 30 day trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENS).

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

**Decision rationale:** The California MTUS Guidelines recommend TENS units as being not recommended 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 in neuropathic pain, phantom limb pain, CRPS II, spasticity, and multiple sclerosis. The documentation submitted revealed that this injured worker's 30 day trial of a TENS unit had already been approved, so this request is a redundancy. Therefore, the request for TENS Unit: 30 day trial is not medically necessary.