

Case Number:	CM14-0089427		
Date Assigned:	07/23/2014	Date of Injury:	02/11/2013
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old male with a 2/11/13 date of injury. At the time (4/23/14) of request for authorization for MRI of the cervical spine and TENS Unit with supplies 30 days rental, there is documentation of subjective (bilateral lower neck pain) and objective (tenderness over the bilateral C4-C7 facet joints and paraspinal muscles, decreased cervical range of motion, negative nerve root tension signs, and 5/5 muscle strength in all limbs) findings, current diagnoses (bilateral cervical facet joint pain at C4 to C7, cervical facet joint arthropathy, cervical sprain/strain, cervical whiplash, and post-concussion syndrome), and treatment to date (medications, home exercise program, chiropractic therapy, and physical therapy). Regarding MRI, there is no documentation of red flag diagnoses where plain film radiographs are negative; and physiologic evidence of tissue insult or neurologic dysfunction; or diagnosis of nerve root compromise, based on clear history and physical examination findings. Regarding TENS unit, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG) Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnoses of bilateral cervical facet joint pain at C4 to C7, cervical facet joint arthropathy, cervical sprain/strain, cervical whiplash, and post-concussion syndrome. In addition, there is documentation of failure of conservative treatment. However, there is no documentation of red flag diagnoses where plain film radiographs are negative. In addition, despite documentation of subjective (bilateral lower neck pain) and objective (tenderness over the bilateral C4-C7 facet joints and paraspinal muscles, decreased cervical range of motion, negative nerve root tension signs, and 5/5 muscle strength in all limbs) findings, there is no documentation of physiologic evidence of tissue insult, neurologic dysfunction or diagnosis of nerve root compromise, based on clear history and physical examination findings. Therefore, based on guidelines and a review of the evidence, the request for MRI of the cervical spine is not medically necessary.

TENS Unit with supplies 30 days rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of bilateral cervical facet joint pain at C4 to C7, cervical facet joint

arthropathy, cervical sprain/strain, cervical whiplash, and post-concussion syndrome. In addition, there is documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medications) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration. Therefore, based on guidelines and a review of the evidence, the request for TENS Unit with supplies 30 days rental is not medically necessary.