

Case Number:	CM14-0001094		
Date Assigned:	01/22/2014	Date of Injury:	09/20/2013
Decision Date:	04/24/2015	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of September 20, 2013. A utilization review determination dated December 24, 2013 recommends noncertification of cervical and lumbar x-rays, CT scan, and ortho stim. Certification is recommended for 8 physical therapy sessions. A progress report dated September 23, 2013 indicates that the patient has subjective complaints including pain in the right thumb due to a laceration. The pain is rated as 4/10. The patient is requesting to return to regular duty at work. Physical examination identifies normal thumb range of motion with no sensory or motor deficits. Sutures are in place and the wound is cleaned dry and intact. Diagnosis includes open wound in the right thumb. The treatment plan recommends a topical cream, wound dressing, and follow-up. A progress report dated on December 19, 2013 indicates that the patient was seen at [REDACTED] on November 4, 2013 with complaints of neck pain and low back pain related to the work related injury in September 2013. A CT scan of the cervical spine dated January 8, 2014 identifies a mild disc bulge at C5-6. A progress report dated December 6, 2013 identifies subjective complaints of neck pain, low back pain radiating into the right groin, and thumb pain. Objective findings identify tenderness to palpation over the cervical spine, tenderness to palpation over the lumbar spine, and positive sacroiliac stress testing. No neurologic examination is reported. Diagnoses include cervical sprain/strain, lumbar sprain/strain with right lower extremity radiculitis, laceration of the right thumb, and history of left elbow contusion-resolved. The treatment plan recommends cervical and lumbar x-ray, cervical CT, physical therapy, and Orthostim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Set of X-rays of the cervical spine between 12/6/2013 and 12/6/2013: Upheld

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

MAXIMUS 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 & Upper Back Chapter, Radiography.

Decision rationale: Regarding request for cervical spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with neck pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, there is no indication that the patient has failed conservative treatment for this condition or has a red flag for serious spinal pathology. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested cervical x-ray. In the absence of clarity regarding those issues, the currently requested cervical x-ray is not medically necessary.

Set of x-rays of the lumbosacral spine between 12/6/2013 and 12/6/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (X-rays).

Decision rationale: Regarding request for lumbar spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, there is no indication that the patient has failed conservative treatment for this condition or has a red flag for serious spinal pathology. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested lumbar x-ray. In the absence of clarity regarding those issues, the currently requested lumbar x-ray is not medically necessary.

Computed tomography (CT) scan of the cervical spine between 12/6/2013 and 3/23/2014:: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Computed tomography (CT).

Decision rationale: Regarding the request for cervical CT, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend CT for patients with known or suspected spine trauma with normal plain radiographs. Within the documentation available for review, there is no indication of any red flag diagnoses or physiologic evidence of tissue insult or neurologic dysfunction. Additionally, there is no documentation of cervical spine trauma (at least it is unclear if the MVA caused any cervical trauma) and the medical necessity of plain film radiographs has not been established. In the clarity regarding those issues, the currently requested cervical MRI is not-medically necessary.

One OrthoStim4 unit between 12/6/2013 and 3/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121 of 127.

Decision rationale: Regarding the request for ortho stim unit, this unit is a combination electrical stimulation unit which includes TENS, interferential current, galvanic stimulation, and neuromuscular stimulation. In order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. Chronic Pain Medical Treatment Guidelines state that TENS is not recommended as a primary treatment modality, but a one 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. Guidelines go on to state the galvanic stimulation is not recommended. Additionally, guidelines state that interferential current stimulation is not recommended as an isolated invention except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Finally, guidelines state that neuromuscular electrical stimulation is not recommended. Within the documentation available for review, there is no indication that the patient is failed a TENS unit trial, as recommended by guidelines. Additionally, there is no indication that the interferential current stimulation will be used as an adjunct to program of evidence-based rehabilitation, as recommended by guidelines. Furthermore, guidelines do not support the use of galvanic stimulation or neuromuscular stimulation. As such, the currently requested ortho stim is not medically necessary.