

Case Number:	CM14-0192324		
Date Assigned:	11/26/2014	Date of Injury:	08/24/2002
Decision Date:	01/14/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 8/24/02. A utilization review determination dated 11/12/14 recommends non-certification of MRI and TENS unit rental. 9/25/14 medical report identifies neck pain radiating to the fingers, low back pain radiating to the toes, anxiety, depression, and insomnia due to the pain, as well as headaches. On exam, there is limited ROM, positive Spurling's and foramina compression tests, decreased sensation and weakness in various dermatomes, tenderness, positive impingement testing in bilateral shoulders, and positive SLR bilaterally. X-rays were taken. Patient has a history of L5-S1 fusion with retained hardware. Recommendations include MRIs and continued TENS use.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Low Back Chapters, Magnetic resonance imaging (MRI)

Decision rationale: Regarding the request for MRIs, CA MTUS does not address repeat MRIs. ODG notes that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (egg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, the patient is noted to have a longstanding injury and has had spine surgery. Radicular symptoms and findings are noted, but there is no clear documentation identifying that the patient's pathology has significantly progressed to warrant updated imaging studies at this time, and no other clear rationale for cervical and lumbar MRIs has been presented. In light of the above issues, the currently requested MRIs are not medically necessary.

TENS unit x 60 days rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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 recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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, function, and medication usage. Within the documentation available for review, the request is noted to be for continued use of TENS, but there is no clear indication of efficacy of prior use as evidenced by significant pain relief, functional improvement, decreased use of pain medication, etc. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.