

Case Number:	CM14-0206682		
Date Assigned:	12/18/2014	Date of Injury:	08/29/2007
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice, 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 46 year old female patient who sustained a work related injury on 8/29/2007. Patient sustained the injury when she was standing in front of a Classroom; a large projector screen fell from the ceiling landing on the back of her head, neck, left shoulder, and mid back. The current diagnoses include pain in the thoracic and lumbar spine and cervical spondylosis and cervical/thoracic strain. Per the doctor's note dated 10/20/14, patient has complaints of axial skeletal pain from the tip of her coccyx to the back of her head encompassing her entire axial skeleton with pain radiating through the left upper and left lower extremities and pain was radiating from the spine across the anterior chest wall. Physical examination revealed midline axial tenderness and normal neurological examination. The medication lists include Motrin, Aleve and Tylenol. The patient has had X-ray of the thoracic, cervical and lumbar spine on 12/9/13. The X-ray of the thoracic spine was normal; X-ray of the lumbar region revealed narrowing of the disc space and spondylolisthesis; MRI of the lumbar spine on 08/31/12 that revealed spondylolisthesis at L4-S1, degenerative changes and foraminal narrowing; MRI of the cervical spine on 2/18/2010 that revealed disc protrusions and degenerative changes and MRI of left shoulder on 2/18/2010 that was normal; CT scan of the head on 5/15/08 that was normal. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. The patient has used TENS unit and H-wave device for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microcurrent - rental x 60 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Microcurrent Electrical Stimulation (MENS device) Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Microcurrent Electrical Stimulation (MENS Devices); Transcutaneous Electrotherapy Page(s): 62; 1.

Decision rationale: "Not recommended. Based on the available evidence conclusions cannot be made concerning the effect of Microcurrent Stimulation Devices (MENS) on pain management and objective health outcomes." Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. Physical examination revealed normal neurological examination. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use Microcurrent as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The patient has used TENS unit and H- wave device for this injury. The detailed response to TENS unit and H- wave device was not specified in the records provided. The medical necessity of the request for Microcurrent - rental x 60 days is not fully established for this patient.

MRI, thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Canale: Campbell's Operative Orthopaedics 10th ed., Chapter 39 - Lower Back Pain and Disorders of Intervertebral Discs

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 (updated 11/18/14), Magnetic Resonance Imaging (MRI).

Decision rationale: Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." Patient does not have any severe or progressive neurological deficits that are specified in the records provided. Physical examination revealed normal neurological examination. The findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. A report of a recent thoracic spine plain

radiograph was also not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The request for MRI of the thoracic Spine is not fully established for this patient.

Neurological evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, IME and Consultations

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Physical examination revealed normal neurological examination. A detailed recent neurological examination was not specified in the records provided. Any significant functional deficits that would require neurological evaluation was not specified in the records provided. Presence of any psychosocial factors was not specified in the records provided. Any plan or course of care that may benefit from the Neurological evaluation was not specified in the records provided. Detailed rationale for the Neurological evaluation was not specified in the records provided. The medical necessity of the request for Neurological evaluation is not fully established for this patient.