Case Number:	CM15-0134740		
Date Assigned:	08/07/2015	**Date of Injury:**	05/20/2013
Decision Date:	09/03/2015	**UR Denial Date:**	06/15/2015
Priority:	Standard	**Application Received:**	07/13/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old female with a May 20, 2013 date of injury. A progress note dated May 7, 2015 documents subjective complaints (neck and right upper extremity pain; feels that the pain in the neck is getting worse; right hand is weaker; radiation of pain from the neck to the posterior right arm), objective findings (decreased and painful range of motion of the cervical spine; tenderness of the paracervical spine musculature and bilateral trapezius musculature; decreased grip strength on the right; decreased range of motion of the bilateral shoulders; arc of motion is positive; tenderness of the right anterior shoulder; hypomobility bilaterally; decreased range of motion of the bilateral wrists; positive Tinel's at the wrist; positive Finkelstein's on the right; anterior tenderness on the right wrist), and current diagnoses (cervicalgia; likely right C7 radiculopathy; myoligamentous strain of the thoracic spine, improved; right shoulder loss of range of motion, may be related to cervical radiculopathy pain; medial and lateral epicondylitis of the right elbow; right ulnar nerve neuropathy at the wrist; bilateral median nerve neuropathy at the wrist). Treatments to date have included medications, transcutaneous electrical nerve stimulator unit, topical medications, stretching, hot packs, and magnetic resonance imaging of the right shoulder. The treating physician documented a plan of care that included magnetic resonance imaging of the cervical spine, purchase of an interferential unit for the cervical spine, and a surgical consultation for the bilateral wrists.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 303, Back, regarding imaging.

Decision rationale: This claimant was injured in 2013 date of injury. As of May 2015 there is still neck pain and decreased grip strength on the right. Diagnoses are cervicalgia; likely right C7 radiculopathy; and an improved myoligamentous strain of the thoracic spine. Treatments to date have included medications, transcutaneous electrical nerve stimulator unit, topical medications, stretching, hot packs, and magnetic resonance imaging of the right shoulder. There is no mention of objective functional improvement out of a trial of a stimulator. There is no mention of progression of neurologic signs or symptoms, or what the surgical lesion may be that would require surgeon referral. Although there is subjective information presented in regarding increasing pain, there are no accompanying physical signs. The case would therefore not meet the MTUS-ACOEM criteria for cervical magnetic imaging, due to the lack of objective, unequivocal neurologic physical examination findings documenting either a new radiculopathy, or a significant change in a previously documented radiculopathy. The guide's state: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The request is appropriately not medically necessary.

Purchase of IF unit for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 116 of 127.

Decision rationale: ODG Low Back, under Interferential Stimulators as shared previously, this claimant was injured in 2013 date of injury. As of May 2015 there is still neck pain and decreased grip strength on the right. Diagnoses are cervicalgia; likely right C7 radiculopathy; and an improved myoligamentous strain of the thoracic spine. Treatments to date have included medications, transcutaneous electrical nerve stimulator unit, topical medications, stretching, hot packs, and magnetic resonance imaging of the right shoulder. There is no mention of objective functional improvement out of a trial of a stimulator. There is no mention of progression of neurologic signs or symptoms, or what the surgical lesion may be that would require surgeon

referral. The MTUS notes that electrical stimulators like interferential units are not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While electrical stimulators do not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) Further, regarding interferential stimulators for the low back, the ODG notes: Not generally recommended. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). See the Pain Chapter for more information and references. See also sympathetic therapy. In this case, the stimulator is not generally recommended due to negative efficacy studies, and the claimant does not have conditions for which electrical stimulation therapies might be beneficial. The request is appropriately not medically necessary.

Surgical consultation for bilateral wrists: Upheld

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

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, page 127.

Decision rationale: As previously reviewed, this claimant was injured in 2013 date of injury. As of May 2015 there is still neck pain and decreased grip strength on the right. Diagnoses are cervicalgia; likely right C7 radiculopathy; and an improved myoligamentous strain of the thoracic spine. Treatments to date have included medications, transcutaneous electrical nerve stimulator unit, topical medications, stretching, hot packs, and magnetic resonance imaging of the right shoulder. There is no mention of objective functional improvement out of a trial of a stimulator. There is no mention of progression of neurologic signs or symptoms, or what the surgical lesion may be that would require surgeon referral. ACOEM Guidelines, Chapter 7, Page 127, state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. There is no mention of progression of neurologic signs or symptoms, or what the surgical lesion may be that would require surgeon referral. This

request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.