MAXIMUS Federal Services

Case Number:	CM15-0141789		
Date Assigned:	07/31/2015	Date of Injury:	10/06/1997
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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:

The injured worker was a 51 year old female, who sustained an industrial injury, October 6, 1997. The injured worker previously received the following treatments acupuncture was not helpful, electrical muscle stimulation unit was helpful (no longer works) and left shoulder injection. The injured worker was diagnosed with status post left shoulder arthroscopic surgery, cervical trapezii sprain and strain with left upper extremity radiculopathy. According to progress note of June 5, 2015, the injured worker's chief complaint was pain in the left upper trapezii which had improved slightly. The injured worker received an injection the day prior to this visit. The injured worker was also complaining of left sided neck pain with radiation into the left arm. The injured worker rated the pain at 5-7 out of 10. The pain was described as moderate, frequent, dull, sharp, burning, numbness, weakness and ache. The physical exam noted trigger point tenderness in the left trapezii with slight spasms and guarding. There was decreased sensation of the left cervical spine dermatomes. The treatment plan included a cervical spine MRI and interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, MRI.

Decision rationale: Regarding the request for repeat cervical MRI, CA MTUS does not address repeat MRI. ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, the patient has a longstanding injury and there is no indication of any red flags or any significant changes in the patient's neurological symptoms/ findings to support the medical necessity of an MRI. In the absence of such documentation the requested cervical MRI is not medically necessary.

One (1) interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R Page(s): 118-120 of 127.

Decision rationale: Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation as outlined above. In light of the above issues, the currently requested interferential unit is not medically necessary.