

Case Number:	CM15-0166986		
Date Assigned:	09/04/2015	Date of Injury:	05/24/2010
Decision Date:	10/06/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 is a 49-year-old female, who sustained an industrial injury on 5-24-2010. Diagnoses include cervical spine musculoligamentous sprain and strain with posttraumatic headaches, lumbar spine musculoligamentous sprain and strain with bilateral sacroiliac joint sprain and bilateral lower extremity radiculitis, and right knee strain. Treatment to date has included physical therapy, acupuncture, injections, medications and diagnostics. Per the Doctor's First Report of Occupational Injury or Illness dated 7-13-2015, the injured worker reported neck pain, low back pain, mid back pain, bilateral hip pain, bilateral knee pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist and hand pain, bilateral ankle and foot pain, and headaches. Physical examination of the cervical spine revealed tenderness to palpation and muscle spasm of the paraspinal musculature and trapezius muscles bilaterally. Examination of the lumbar spine revealed tenderness to palpation and muscle spasm of the paraspinal musculature bilaterally as well as over the bilateral sacroiliac joints. The plan of care included, and authorization was requested for physical therapy (1x4), neurological consultation, a home inferential (IF) unit and magnetic resonance imaging (MRI) of the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one-month trial may be appropriate if one of these criteria is met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. In addition, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, there was history of TENS use, however, no report was found showing how beneficial it was in the recent months leading up to this request. There was no documentation of a trial of interferential unit use, which preceded this request, which is assumed to be for purchase since otherwise not specified in the request. Without a successful trial on record, the interferential unit will be considered not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was previous MRI testing of the cervical area, which showed disc herniations, however, although recent flare-up of pain the neck and upper extremity decrease in sensation suggested worsening of anatomy, there was insufficient evidence for a red flag diagnosis. Since the provider recommended physical therapy, this and other conservative measures should be trialed first for this flare-up before considering retesting of the cervical MRI. Therefore, this request would be considered not medically necessary at this time.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In the case of this worker, there was previous MRI testing of the lumbar area, which showed disc herniations, however, although recent flare-up of pain the lumbar area with lower extremity decrease in sensation suggested worsening of anatomy, there was insufficient evidence for a red flag diagnosis. Since the provider recommended physical therapy, this and other conservative measures should be trialed first for this flare-up before considering retesting of the lumbar MRI. Therefore, this request would be considered not medically necessary at this time.