

<b>Case Number:</b>	CM15-0190102		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 York

Certification(s)/Specialty: Internal 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:

The injured worker is a 45 year old male who sustained an industrial injury on 6-15-10. A review of the medical records indicates he is undergoing treatment for low back pain, a history of thoracic compression fracture, injuries to his right shoulder and left knee, as well as asthma. Medical records (6-8-15 to 9-4-15) indicate ongoing complaints of low back pain, mid back pain, right shoulder pain, as well as left knee pain. He rates the pain "6-8 out of 10". He denied having pain of his left knee on the 8-10-15 visit. He reports that his pain is "constant" and describes it as "throbbing, aching, and stablbing" and is exacerbated by sitting, standing, bending, twisting, squatting, climbing stairs, and lifting. The physical exam (9-4-15) reveals decreased range of motion of the right shoulder secondary to pain with positive crepitus with range of motion. Tenderness is noted over the acromioclavicular joint and lateral acromion. Positive impingement sign is noted. Tenderness is also noted in the mid thoracic and lumbar regions with paraspinous muscle spasms. Decreased range of motion is noted of the lumbar spine due to pain. Sensation is noted to be intact in all dermatomes in the lower extremities. Diagnostic studies have included x-rays of the thoracic spine and lumbar spine, CTs of the thoracic spine and lumbar spine, an MRI of the thoracic spine and of the left knee. Treatment has included physical therapy, a TENS unit, the use of a back brace, and medications. The request for authorization (9-9-15) includes a TENS unit, MRI of the thoracic and lumbar spine, MRI of the right shoulder, x-rays of the thoracic spine and lumbar spine, as well as left knee. The utilization review (9-15-15) indicates denial of the TENS unit, MRI of the lumbar spine, MRI of the right shoulder, and MRI of the thoracic spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS 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:** MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. There should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should also be submitted. When prescribed, a 2-lead unit is generally recommended. Per guidelines, if a 4-lead TENS unit is recommended, there must be additional documentation as to the reason why. Documentation provided fails to indicate a specific functional restoration program is being prescribed in addition to the use of a TENS unit. The request for a TENS unit is not medically necessary by MTUS.

**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 rationale:** MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. There is lack of Physician report indicating that surgery is being considered. The request for MRI study of lumbar spine is not medically necessary per MTUS. The injured worker complains of chronic low back pain. Physician report at the time of the requested service under review fails to show evidence of acute exacerbation of symptoms or

objective clinical finding of red flags that would be suspicious of serious spinal pathology. The request for MRI of the Lumbar Spine is not medically necessary per MTUS.

**MRI of the Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** MTUS recommends ordering imaging studies when there is evidence of a red flag on physical examination (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The injured worker complains of ongoing right shoulder pain. Chart documentation fails to show any red flags or unexplained physical findings on examination that would support the recommendation for MRI. The request for MRI of the Right Shoulder is not medically necessary by MTUS.

**MRI of the Thoracic Spine: Upheld**

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

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

**Decision rationale:** MTUS recommends x rays in patients with back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms to support the medical necessity for additional imaging. The request for MRI of the Thoracic Spine is not medically necessary per MTUS.