

<b>Case Number:</b>	CM15-0190653		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	01/28/2002
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	08/31/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old female who sustained an industrial injury on 1-28-2002. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain-strain with left upper extremity radiculopathy and thoracic spine sprain-strain. According to the progress report dated 7-20-2015, the injured worker complained of ongoing increased neck and upper back pain over the past few weeks. She reported that activities of daily living and work duties were causing increased symptoms. Objective findings (7-20-2015) revealed decreased cervical spine lordosis and tender paraspinals with spasm and guarding. Spurling's sign was positive on the left. Sensation was decreased over left C5 and C6. There was tenderness of the thoracic spine paraspinals with guarding. Treatment to date was not documented in the 7-20-2015 progress report. The request for authorization was dated 7-20-2015. The original Utilization Review (UR) (8-31-2015) denied requests for x-ray of the cervical spine and an interferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 x-ray of the cervical spine:** 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) Neck and Upper Back (Acute & Chronic) Radiography (x-rays) (2015).

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

**Decision rationale:** Review indicates a recent X-ray of the cervical spine dated 7/20/15. The patient continues to treat for ongoing neck pain for this 2002 injury. Per Treatment Guidelines for the Neck Disorders states Criteria for ordering imaging studies such as the requested X-rays of the cervical spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for repeating the cervical spine x-rays nor document any specific clinical findings to support this imaging study as reports noted unchanged clinical symptoms of ongoing pain without any progressive neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The 1 x-ray of the cervical spine is not medically necessary and appropriate.

**1 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 guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved functional status and exercises not demonstrated here. The 1 interferential unit is not medically necessary and appropriate.