

<b>Case Number:</b>	CM15-0021405		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, Indiana, 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 55 year old male, who sustained an industrial injury reported on 2/11/2013. He has reported continued bilateral lower neck pain with episodic dizziness. The diagnoses were noted to have included bilateral cervical facet joint pain at cervical 4-7; cervical facet joint arthropathy; cervical sprain/strain; cervical whiplash; and post-concussion syndrome. Treatments to date have included consultations; diagnostic imaging studies; and medication management. The work status classification for this injured worker (IW) was noted to be working full time duty without restrictions. On 1/21/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/13/2015, for a closed magnetic resonance imaging study of the cervical spine; and the purchase of a transcutaneous electrical stimulation unit for the cervical spine. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines are silent only on magnetic resonance imaging, transcutaneous electrical stimulation unit criteria for chronic pain; The American College of Occupational and Environmental Medicine Guidelines, criteria for ordering an magnetic resonance imaging of the cervical spine, transcutaneous electrical stimulation unit; The Official Disability Guidelines, neck and upper back chapter, magnetic resonance imaging, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are bilateral cervical facet joint pain at C4 - C7; cervical facet joint arthropathy; cervical sprain strain; cervical whiplash; and postconcussion syndrome. Subjectively, the injured worker complains of bilateral lower neck pain with episodic dizziness. Symptoms are exacerbated with cervical range of motion. Objectively, there is tenderness to palpation of the cervical paraspinal muscle groups overlying bilateral C-4 - C7 facet joints. Nerve root tension signs were negative bilaterally. Muscle strength was 5/5 and all the extremities. There were no significant neurologic findings on physical examination. There were no red flags or physiologic evidence of tissue insult on physical examination. Consequently, absent clinical documentation with evidence of radiculopathy or neurologic deficit to support an MRI of the cervical spine, MRI cervical spine was not medically necessary.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Neck, pain section, TENS unit

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS is 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, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. The guidelines specifically state TENS to the neck is not recommended as a primary treatment modality for use in whiplash associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings. See the guidelines for additional details. In this case, the injured worker's working diagnoses are bilateral cervical facet joint pain at C4 - C7; cervical facet joint arthropathy; cervical sprain/ strain; cervical whiplash; and postconcussion syndrome. Subjectively, the injured worker complains of bilateral lower neck pain with episodic dizziness. Symptoms are exacerbated with cervical range of motion. Objectively, there is tenderness to palpation of the cervical paraspinal muscle groups overlying bilateral C-4 - C7 facet joints. Nerve root tension signs were negative bilaterally. Muscle strength was 5/5 and all the extremities. The treating physician lists cervical whiplash as a diagnosis. TENS is not clinically indicated for the disorders to the neck in whiplash associated disorders. Additionally, the documentation from a November 19, 2014 progress note states the injured worker was using TENS for 15-minute intervals two times per day. With each use, the patient's pain decreased from 4/10 to 3/10 for four hours thereafter. A drop from 4/10 to 3/10 for four hours is an insignificant and short lived improvement in pain. Consequently, absent clinical documentation with a clinical indication for a TENS unit for a cervical whiplash complaint that is insignificant and short lived for 4 hours, TENS unit is not medically necessary.