

Case Number:	CM15-0060528		
Date Assigned:	05/13/2015	Date of Injury:	05/11/2010
Decision Date:	07/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/30/2015

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: Preventive Medicine, Occupational 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 35-year-old male, who sustained an industrial injury on 05/11/2010. He has reported subsequent head, middle ear, neck, back, shoulder and knee pain and was diagnosed with cervical, thoracic and lumbosacral musculoligamentous strain/sprain, bilateral shoulder and left knee strain/sprain, status post blunt head injury with residual headache, middle ear syndrome and temporomandibular joint syndrome. Treatment to date has included oral pain medication. In a progress note dated 03/05/2015, the injured worker complained of headaches, neck, back, bilateral shoulder and left knee pain. Objective findings were notable for tenderness to palpation of the bilateral frontal/temporal area, temporomandibular joint bilaterally, cervical spine, trapezius, thoracic and lumbar spine, bilateral shoulders and left knee, spasm of the cervical, thoracic and lumbar paraspinal muscles, decreased range of motion of the cervical and lumbar spine, positive compression test of the cervical spine, decreased deep tendon reflexes bilaterally in the biceps, triceps and brachioradialis, decreased motor strength and decreased sensation of the shoulders and right lower extremity. A request for authorization of x-ray of the cervical spine, MRI of temporomandibular joint, interferential unit and 12 sessions of physical therapy was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One x-rays of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per the MTUS Guidelines, the criteria for ordering imaging studies of the cervical spine include; 1) emergence of a red flag. 2) Physiologic evidence of tissue insult or neurologic dysfunction. 3) Failure to progress in a strengthening program intended to avoid surgery. 4) Clarification of the anatomy prior to an invasive procedure. The available documentation reveals that the injured worker had cervical x-rays completed on 3/15/15 that revealed cervical lordosis. In addition, he had a cervical MRI on 12/13/12 that revealed disc bulge at C5-6. There has been no change in signs or symptoms since the last x-ray and the treating physician does not reveal the necessity of another x-ray at this time. The request for one x-rays of the cervical spine is determined to not be medically necessary.

One MRI temporomandibular joint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head/TMJ Surgery.

Decision rationale: The injured worker was diagnosed with TMJ disorder on 4/26/11 by an otolaryngologist. He continues to have right-sided facial pain at the TMJ. No x-ray of the TMJ has been obtained to date. According to the ODG, TMJ surgery is not recommended for temporomandibular disorders. Surgical treatments are controversial, often irreversible, and should be avoided where possible. There have been no long-term clinical trials to study the safety and effectiveness of surgical treatments for TMJ disorders. Nor are there standards to identify people who would most likely benefit from surgery. Failure to respond to conservative treatments does not mean that surgery is necessary. The request for one MRI temporomandibular joint is determined to not be medically necessary.

One interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Section Page(s): 118-120.

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment; however, it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one-month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The injured worker continues to have pain uncontrolled by medications and other attempts at conservative treatment and would be a good candidate for a one-month trial of an interferential unit; however, it is unclear if this request is for a one-month rental or a purchase. The request for one interferential unit is determined to not be medically necessary.

12 sessions of physical therapy with evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The request for 12 sessions is outside the parameters of the guidelines, therefore, the request for 12 sessions of physical therapy with evaluation is determined to not be medically necessary.