

Case Number:	CM14-0173759		
Date Assigned:	10/27/2014	Date of Injury:	11/15/2010
Decision Date:	12/03/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year-old patient sustained an injury on 11/15/10 while employed by [REDACTED]. Request(s) under consideration include One (1) MRI of the cervical spine and TENS unit. Diagnoses include cervical facet arthropathy s/p cervical discectomy with arthrosis, allograft and plate at C5-7 on 3/20/12 with removal of plate and screw on 4/25/12; and cervicogenic headache. AME of 1/2/14 noted patient with constant neck pain radiating to right shoulder with numbness and tingling in the fingers. The patient was deemed P&S with future medical care for observation with monitoring of medications with mention of prior history of substance abuse and supratentorial difficulties as manifested by psychological evaluation. Report of 6/18/14 from the provider noted the patient with chronic neck pain rated at 7/10; taking Nabumetone. Exam showed diffuse tenderness at cervical paraspinal and trapezius musculature; limited range; negative Spurling's and Adson's; positive facet; with intact sensory C5-8 bilaterally; 5/5 motor exam of upper extremities and DTRs 2+. Report of 9/17/14 from the provider noted the patient with chronic neck pain and headaches. Medications list Norco, Topamax, Lisinopril, Indocin, Nortriptyline, Gabapentin, Duloxetine, Voltaren gel, and Lidoderm patches. Exam showed cervical spine with unchanged findings of limited range in all planes, negative Spurling's and Adson's; intact neurological motor, sensation, and reflexes. Treatment plan included PT (last about 2 years ago), repeat MRI (last about 1 year ago), and TENS unit. The request(s) for One (1) MRI of the cervical spine and TENS unit were non-certified on 10/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-171, 177-179.

Decision rationale: Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies 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, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any specific acute change or progressive deterioration in clinical findings to support this imaging study. Symptom complaints and clinical findings remained unchanged with negative Spurling's, intact DTRs, sensation, and motor exam without neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the cervical spine is not medically necessary and appropriate.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic medication, extensive physical therapy, injections, activity modifications, psychotherapy, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. Although the patient is P&S, there is no

evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the conservative treatment already rendered. The TENS unit is not medically necessary and appropriate.