

<b>Case Number:</b>	CM14-0219335		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 33, year old female, who sustained an industrial injury on 9/20/2013 from a slip and a fall on a water pipe that was on the ground causing her to fall backwards onto her right side with diagnosis of thoracic musculo-ligamentous sprain/strain; lumbosacral musculo-ligamentous sprain/strain with radiculitis. The QME report dated 11/12/2013 noted that the injured worker sustained injuries to her low, mid-back and right ankle and foot. The documentation notes that the injured worker is currently not working. The documentation notes that the injured worker on was responsible for physically and repetitively using a special knife and cutting vegetable and produce from the fields and packing it into boxes, setting the boxes aside for them to be picked up, and sometimes assisting the driver on placing boxes onto the truck. The documentation notes that she had been referred to the company doctor and was examined, X-rays were taken, medications were dispensed and an injection for pain was given, physical therapy was prescribed and a Magnetic Resonance Imaging (MRI) was ordered but not performed. The documentation notes that she ambulates with an antalgic gait favoring the left lower extremity and has problems moving onto and off the exam table without assistance. Examination of the thoracic spine demonstrates muscle guarding; there is tenderness on palpation of the paraspinal muscles in the upper thoracic, mid-thoracic, and lower thoracic regions bilaterally, right greater than left. Muscle spasms were present in the upper thoracic, mid-thoracic and lower thoracic regions bilaterally. There was tenderness to palpation of the spinal processes from T1 through to T12 vertebrae. Examination of the lumbosacral spine noted to have muscle guarding, palpable tenderness over the paralumbar muscles bilaterally with

evidence of palpable muscle spasms on the right. Tenderness to palpation of the spinal process from L1 through L5, tenderness on palpation is noted over the sacroiliac joint, sciatic notch, posterior iliac crest and gluteal muscles on the right and palpable spasms noted over the gluteal muscles on the right. The injured worker is on a temporary total disability. According to the utilization review performed on 12/5/2014, the requested Magnetic Resonance Imaging (MRI) of the cervical spine without contrast; X-ray of the cervical spine, two to three views; X-ray of the lumbar spine, two to three views and Interferential stimulator, four channel TENS unit for home use has been non-certified.

### **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 without contrast: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Neck and Upper Back, Magnetic resonance imaging (MRI)

**Decision rationale:** ACOEM states Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure. ODG states; not recommended except for indications list below. 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 have no neurologic findings, do not need imaging. Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present Neck pain with radiculopathy if severe or progressive neurologic deficit Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present Chronic neck pain, radiographs show bone or disc margin destruction Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" Known cervical spine trauma: equivocal or positive plain films with neurological deficit Upper back/thoracic spine trauma with neurological deficit. In the case of a repeat MRI being requested, as in this situation (last one done July 2014) the red flags must be presenting following the last imaging and per ODG are generally "not recommended". The treating physician notes no worsening of cervical spine related symptoms since last imaging or since injury. As, such the request for MRI cervical spine is deemed not medically necessary.

#### **X-ray of the cervical spine, two to three views: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

**Decision rationale:** Per the ACOEM guidelines regarding cervical radiographs, initial studies (are recommended) when red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection are present, routine studies are not recommended in the absence of red flags. ACOEM also notes that Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. (American College of Surgeons, Advanced Trauma and Life Support: A Manual for Instructors. Chicago: ACS;1993.) The treating physician notes no red flag changes in symptomology and as this individual has had a prior MRI and prior radiographs (both July 2014) this would constitute a routine study and would not be indicated. As such the request for cervical x-rays is deemed not medically necessary.

**X-ray of the lumbar spine, two to three views:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-300. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays)

**Decision rationale:** ACOEM and ODG both agree that, lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags for serious spinal pathology or other findings suggestive of the pathologies outlined in the ODG guidelines. ODG additionally states that it may be appropriate when the physician believes it would aid in patient management. The treating physician also does not indicate how the x-ray would aid in patient management. ODG further specifies other indications for imaging with Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit Thoracic spine trauma: with neurological deficit Lumbar spine trauma (a serious bodily injury): pain, tenderness Lumbar spine trauma: trauma, neurological deficit Lumbar spine trauma: seat belt (chance) fracture Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70 Uncomplicated low back pain, suspicion of cancer, infection Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset Myelopathy, infectious disease patient Myelopathy, oncology patient Post-surgery: evaluate status of fusion. The treating physician does not indicate any new concerns or worsening of any of the above pathologies. Further there has been extensive prior imaging of the lumbar region (both radiograph and MRI) routine imaging is not recommended in the absence of the above red flags. As such, the request for X-RAY lumbar spine is deemed not medically necessary.

**Interferential stimulator, four channel TENS unit for home use:** 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 Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Pain, TENS chronic pain (transcutaneous electrical nerve stimulation)

**Decision rationale:** MTUS states regarding TENS unit, not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings Ankle and foot: Not recommended Elbow: Not recommended Forearm, Wrist and Hand: Not recommended-Shoulder: Recommended for post-stroke rehabilitation Medical records indicate a chronic neck condition with radicular findings and there is no documentation of adjunctive functional restoration modalities planned for use in addition to lumbar TENS. there are no knee, ankle, elbow, or shoulder complaints that meet guidelines. ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above):(1) Documentation of pain of at least three months duration(2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed(3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with 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(4) Other ongoing pain treatment should also be documented during the trial period including medication usage(5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted(6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental.(7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended.(8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The medical records do not satisfy several criteria for selection specifically; documentation of treatment failures, lack of documented 1-month trial, lack of documented short-long term treatment goals with TENS unit. As such, the request for 1 Tens Unit is deemed not medically necessary.