Case Number:	CM15-0003463		
Date Assigned:	01/14/2015	**Date of Injury:**	08/03/2012
Decision Date:	03/17/2015	**UR Denial Date:**	12/08/2014
Priority:	Standard	**Application Received:**	01/07/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 57- year old female, who sustained an industrial injury on August 3, 2012. He has reported an eight-pound barrel was dropped on her neck, which caused numbness and tingling in the bilateral upper extremities. Currently, the IW complains of numbness and paresthesia of the bilateral shoulder to the hand with the right being greater than the left. Accompanying symptoms included weakness of the arms and hands, tenderness of the shoulders and stiffness of the neck. The symptoms were constant, increased with activity, reaching a three on a scale of ten. Diagnoses included cervical disc protrusion and cervical degenerative disc disease. On December 3, 2012, the Utilization Review decision non-certified a computed tomography of the lumbar spine and a transcutaneous electrical nerve stimulation (TENS) unit, noting that a computed tomography is only indicated with the medical records indicated that there was a medical basis outside of the guidelines such as objective focal neurologic deficits or lumbar symptoms. The TENS unit which the worker already had in the home was not indicated due to there being no information in the medical record that supported benefit from the therapy in the formal setting of physical therapy. The MTUS, Low Back Complaints, the ACOEM Guidelines for imaging of the back and the ODG were each cited.On January 7, 2015, the injured worker submitted an application for IMR for review of a computed tomography of the lumbar spine and a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com/odgtwc/low_back.htm

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back, Lumbar & Thoracic: CT (computed tomography)

Decision rationale: Imaging of the lumbosacral spine is indicated in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Further investigation is indicated in patients with history of tumor, infection, abdominal aneurysm, or other related serious conditions, who have positive findings on examination. Indications for CT of the lumbar spine are as follows:- Lumbar spine trauma: trauma, neurological deficit, Lumbar spine trauma: seat belt (chance) fracture, Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, infectious disease patient, Evaluate pars defect not identified on plain x-rays, Evaluate successful fusion if plain x-rays do not confirm fusion Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. In this case, there is no documentation of focal weakness or numbness in the lower extremities or presence of red flags. There are no lower extremity neurological deficits. Medical necessity has not been established. The request should not be authorized.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management

approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. The patient was not participating in a functional restoration program. The TENS unit is therefore not recommended.