

Case Number:	CM15-0003894		
Date Assigned:	01/14/2015	Date of Injury:	06/04/2012
Decision Date:	03/16/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/08/2015

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: Physical Medicine & Rehabilitation

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 was a 34 year male, who sustained an industrial injury, June 4, 2012. The injured worker was having continued neck, right shoulder in the trapezial area and left wrist pain. The injured worker was diagnosed with cervical spine sprain, thoracic spine sprain/strain, lumbar spine strain, sternal trauma, left sided multiple rib fractures, anxiety, depression, headaches, sternal trauma, left sided multiple rib fractures, anxiety, depression and headaches. The injured worker was treated with acupuncture for the cervical spine, left carpal tunnel release surgery in 2012, right shoulder surgery on September 10, 2013, neurology consultation, diagnostic testing and physical therapy. The primary treating physician requested for an MRI of the cervical spine without contrast, left wrist without contrast, the physician felt the injured worker had not met the maximally medically improved. The H-wave TENS (transcutaneous electrical nerve stimulator) unit and supplies were requested for pain relief. On December 15, 2014, the UR denied authorization for an MRI of the cervical spine without contrast, left wrist without contrast and H-wave TENS Unit. The denial for the cervical spine MRI was based on the MTUS ACOEM guidelines for Neck and Upper Back. The denial for the MRI of the wrist was denied on the bases of the MYUS ACOEM guidelines for Forearm, wrist and hand complaints. The H-wave TENS (transcutaneous electrical nerve stimulator) unit and supplies was denied on the MTUS Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Neck and Upper Back section, MRI

Decision rationale: The patient presents with neck, shoulder, trapzial, and left wrist pain. The request is for MRI CERVICAL SPINE WITHOUT CONTRAST. The RFA provided is dated 12/08/14. Patient's diagnosis on 11/24/14 included cervical spine sprain with 2-3 mm disc bulges at C3-C7 with slight anterior cord indentation at C4-C5 and left wrist carpal tunnel release. Per progress report dated 11/24/14, the patient underwent a cervical spine MRI study on 09/05/14 which revealed degenerative changes with protrusions at C3-C4 and C5-C6-C7. On 11/24/14, an X-ray of the left wrist revealed an old small chip fracture of the very tip of the distal radius. Review of the medical records does not show a prior wrist MRI study. On an unspecified date, the patient had a left wrist dorsal surgery, the exact nature of the surgery is not known. Patient is temporarily totally disabled. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under (Special Studies and Diagnostic and Treatment Considerations) states: "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." ODG-TWC Neck and Upper Back section, under MRI states "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). "Per progress report dated 11/24/14, the patient underwent a cervical spine MRI study on 09/05/14 which revealed degenerative changes with protrusions at C3-C4 and C5-C6-C7. The treater is requesting a repeat cervical MRI; however, there is no documentation or discussion of significant change in symptoms or findings. There is no discussion of neurologic deficit in the upper extremities, no red flags and no new injury, either. The request is not in accordance with guideline criteria for repeat MRI. Therefore, the request IS NOT medically necessary.

MRI Left wrist without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter 'Forearm, Wrist, Hand (Acute & Chronic)' and title 'MRI's (Magnetic Resonance Imaging)

Decision rationale: The patient presents with neck, shoulder, trapzial, and left wrist pain. The request is for MRI LEFT WRIST WITHOUT CONTRAST. The RFA provided is dated

12/08/14. Patient's diagnosis on 11/24/14 included cervical spine sprain with 2-3 mm disc bulges at C3-C7 with slight anterior cord indentation at C4-C5 and left wrist carpal tunnel release. Per progress report dated 11/24/14, the patient underwent a cervical spine MRI study on 09/05/14 which revealed degenerative changes with protrusions at C3-C4 and C5-C6-C7. On 11/24/14, an X-ray of the left wrist revealed an old small chip fracture of the very tip of the distal radius. Review of the medical records does not show a prior wrist MRI study. On an unspecified date, the patient had a left wrist dorsal surgery, the exact nature of the surgery is not known. Patient is temporarily totally disabled. ODG guidelines, chapter 'Forearm, Wrist, Hand (Acute & Chronic)' and title 'MRI's (Magnetic Resonance Imaging), state that "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures." The criteria, according to the guidelines include (1) Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required (2) Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required (3) Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) (4) Chronic wrist pain, plain films normal, suspect soft tissue tumor (5) Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease. Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. With regards to the wrist, the treater states: "he may have a smaller ganglion cyst in this area" Per progress report dated 11/24/14, the patient has noticed a small amount of swelling on the dorsal aspect of the wrist around his incision area. An X-ray of the left wrist revealed an old small chip fracture of the very tip of the distal radius. Review of the medical records does not show a prior wrist MRI study. Patient is status post left wrist dorsal surgery, unspecified date. Given the patient's post-operative state with continued symptoms, an updated MRI does appear consistent with ODG guidelines. The request IS medically necessary.

H Wave TENS unit: 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 TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient presents with neck, shoulder, trapzial, and left wrist pain. The request is for H WAVE TENS UNIT. The RFA provided is dated 12/08/14. Patient's diagnosis on 11/24/14 included cervical spine sprain with 2-3 mm disc bulges at C3-C7 with slight anterior cord indentation at C4-C5 and left wrist carpal tunnel release. Per progress report dated 11/24/14, the patient underwent a cervical spine MRI study on 09/05/14 which revealed degenerative changes with protrusions at C3-C4 and C5-C6-C7. On 11/24/14, an X-ray of the left wrist revealed an old small chip fracture of the very tip of the distal radius. Review of the medical records does not show a prior wrist MRI study. On an unspecified date, the patient had a left wrist dorsal surgery, the exact nature of the surgery is not known. Patient is temporarily totally disabled. For TENS unit, MTUS guidelines, on page 116, require (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) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. In this case, the treater does not provided any rationale regarding the request. There is no mention of the patient previously using the TENS unit either. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Therefore, the request IS NOT medically necessary.