

<b>Case Number:</b>	CM15-0160402		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 is a 68 year old male with a date of injury of February 14, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain and strain rule out herniated nucleus pulposus, bilateral upper extremity radiculopathy right greater than left, bilateral shoulder sprain and strain rule out internal derangement, bilateral ankle sprain and strain, and post-concussion syndrome. Medical records (July 10, 2015) indicate that the injured worker complained of occasional mild to moderate headaches, dizziness, difficulty concentrating, memory loss, neck pain radiating to the bilateral upper extremities right greater than left, numbness and tingling of the bilateral upper extremities right greater than left, pain rated at a level of 7 to 8 out of 10 most days, neck stiffness, bilateral shoulder pain right greater than left, popping, clicking, and grinding of the right shoulder, bilateral ankle pain left greater than right, cramping, swelling, and tingling of the feet, pain rated at a level of 6 to 7 out of 10 most days, and difficulty standing and walking for prolonged periods. Per the treating physician, the employee was working light duty with driving only. The physical exam (July 10, 2015) reveals moderate tenderness to palpation of the cervical paravertebral musculature, decreased range of motion of the cervical spine, positive Spurling's test bilaterally, moderate tenderness to palpation of the bilateral shoulders, decreased range of motion of the bilateral shoulders, positive impingement sign, Drop arm test, Apprehension sign, Yergason's test, Speed's test, Neer's sign and Hawkin's sign bilaterally, mild to moderate tenderness to palpation of the bilateral ankles, diminished sensation to light touch over the bilateral C6 dermatomes, decreased strength of the bilateral deltoids and biceps, and weakness at the bilateral internal and external shoulder

rotators. No other recent medical records were submitted for review. Treatment has included physical therapy "Several times a week for approximately three months", cortisone injection to the right shoulder with moderate relief, and medications (Flurbiprofen 20% cream, Ketoprofen 20%- Ketamine 10% cream, Gabapentin 10%-Cyclobenzaprine 10%-Capsaicin 0.0375% cream since at least Motrin, Prilosec, and Flexeril), and magnetic resonance imaging of the cervical spine (February 24, 2014) that showed cervical discogenic disease and disc desiccation at C2-3 and C6-7. The original utilization review (August 4, 2015) non-certified a request for magnetic resonance imaging of the cervical spine, an interferential unit, and topical creams.

### **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 Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** ACOEM guidelines recommend imaging studies when there is physiological evidence in the form of definitive neurological findings on PE, electrodiagnostic studies, laboratory testing or bone scans and unequivocal findings that identify specific nerve compromise on neurological exam are sufficient evidence to warrant imaging studies if symptoms persist. According to the documents available for review, the injured worker exhibits none of the aforementioned indications for cervical MRI nor does he have a physical exam, which would warrant the necessity of an MRI. Therefore, at this time, the requirements for treatment have not been met; the request is not medically necessary.

**Interferential Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** According to the MTUS, TENS is 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: a home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II, CRPS I, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. According to the documents available for review, injured worker has none of the MTUS / recommended indications for the use of a TENS unit. Therefore, at this time, the requirements for treatment have not been met; the request is not medically necessary.

**Topical Creams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met; the request is not medically necessary.