

Case Number:	CM15-0173366		
Date Assigned:	09/15/2015	Date of Injury:	03/18/2015
Decision Date:	11/03/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/02/2015

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: Preventive Medicine, Occupational 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 63 year old male, who sustained an industrial-work injury on 3-18-15. A review of the medical records indicates that the injured worker is undergoing treatment for cervical facet syndrome, cervical pain, neck pain, cervical radiculopathy, cervical spondylosis, cervical disc degeneration, cervical disc disorder, compression fracture, myofascial-fibro-myofascial, muscle spasm. Medical records dated 8-3-15 indicate that the injured worker complains of chronic left neck pain with radiation to the left arm and elbow. The pain is described as shooting, constant, throbbing, stabbing with spasms. The pain is exacerbated with neck movements and relieved with pain medications. The pain is rated 9 out of 10 on pain scale. The physician notes that overall the pain has been worsening and limiting the injured worker's activities of daily living (ADL) and function and quality of life. The physician also notes that the injured worker reports that all previous trials have failed to improve pain and he remains incapacitated. The medical records also indicate worsening of the activities of daily living due to cervical pain. Per the medical record dated 4-1-15, the injured worker is on modified duties. The physical exam dated 8-3-15 reveals tenderness to palpation of the bilateral cervical paraspinals, ropey and boggy; there is decreased cervical range of motion with pain with extension and pain with left facet loading. Treatment to date has included pain medication, Non-steroidal anti-inflammatory drugs, diagnostics, physical therapy 12 sessions from 4-1-15 to 6-11-15, pain management, and other modalities. The original Utilization review dated 8-7-15 non-certified a request for Four lead Transcutaneous electrical nerve stimulation (TENS) unit as there is no documentation of a Transcutaneous electrical nerve stimulation (TENS) trail and there was no

rationale for a four lead as opposed to a two lead unit, non-certified Trigger point injection as there is no documentation of circumscribed trigger points with twitch response and the injured worker has not had physical therapy therefore not medically necessary, modified a request for 20 physical therapy sessions for the cervical spine modified to a trial of 6 sessions and non-certified a request for Cervical Magnetic Resonance Imaging (MRI) as not medically necessary per the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead TENS 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: The MTUS does not recommend a TENS unit 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. There is no documentation that a trial period with a rented TENS unit has been completed. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Four lead TENS unit is not medically necessary.

Trigger point injection: 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): Trigger point injections.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. Trigger point injection is not medically necessary.

20 physical therapy sessions for the cervical spine: 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): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. This patient has completed 12 sessions of physical therapy to date. The original reviewer modified the request to 6 sessions to comply with MTUS guidelines. 20 physical therapy sessions for the cervical spine is not medically necessary.

Cervical MRI: 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): Special Studies.

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. Cervical MRI is not medically necessary.