

Case Number:	CM15-0176214		
Date Assigned:	09/17/2015	Date of Injury:	02/20/2015
Decision Date:	10/20/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 26-year-old female who sustained an industrial injury on 2-20-15. A review of the medical records indicates she is undergoing treatment for thoracic region sprain and strain and pain in the thoracic spine. Medical records (6-26-15 to 8-12-15) indicate ongoing complaints of bilateral mid back pain, rating 6 out of 10 on 8-12-15. The records indicate that she has "resolved numbness and tingling sensations in the left hand areas with no further neck pain" (6-26-15 and 7-10-15). She denies radiation of the pain down her arms or legs. She reports the quality of her pain as "aching and sharp or stabbing". She indicates that the symptoms "come and go". Symptoms are aggravated by bending forward, sweeping, sitting, twisting, increased activity, physical and occupational therapy, and lifting. Lying in bed and ice improve the symptoms. The physical exam (8-12-15) indicates full range of motion of the neck. She has pain in the paraspinous areas to the right of "approximately T5-T7". No tenderness to palpation is noted. She also complains of pain with rotation of the trunk or flexion with rotation to the left. This aggravates pain in the right side. She reports symptoms as being worse on the right side. Diagnostic studies include an MRI of the thoracic spine on 5-28-15 and x-rays of the thoracic spine on 3-30-15. Treatment has included 6 sessions of physical therapy, at least 6 sessions of chiropractic treatment, non-steroidal anti-inflammatory medications, and muscle relaxants (6-26-15 and 7-10-15). Activities of daily living, such as mopping or vacuuming aggravate her symptoms (8-12-15). The treatment recommendation includes a SPECT scan of the thoracic spine to look for "any signs of inflammation in the thoracic area". She is working full-duty. A

referral was made for a TENS unit. The request for authorization (8-13-15) includes a 45 day trial of a TENS unit and a whole body scan (SPECT). The utilization review (8-28-15) indicates modification of the TENS unit from a 45 day trial to a 30 day trial. The SPECT scan was denied. The rationale for TENS modification is due to guideline recommendations that one-month trial of a TENS unit may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Rationale for denial of the SPECT scan indicates that there are no guidelines to support the use of a whole body scan in the management of a thoracic spine sprain or strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 45 day trial: 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 guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use exceeds the 1-month trial time recommended above. The request for a TENS unit for 45 days is not medically necessary.

Whole Body bone scan SPECT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter and pg 83.

Decision rationale: According to the guidelines, a SPECT is not recommended due to lack of clinical evidence. In this case, the claimant already had MRIs and interventions for chronic thoracic pain. The region of pain is not the entire body. The request for a whole body SPECT is not medically necessary.