

<b>Case Number:</b>	CM15-0067817		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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, North Carolina

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 52 year old female, who sustained an industrial injury on 08/30/2010. The initial complaints or symptoms included neck, back and left shoulder pain/injury. Treatment to date has included conservative care, medications, conservative therapies, MRIs, trigger point injections, and epidural steroid injections. Currently, the injured worker complains of ongoing neck, low back and bilateral shoulder symptoms with the left worse than the right. It was noted that the injured worker had a recent trigger point injection to the left trapezius area providing relief from left-sided pain which was still effective. The injured worker presented on 02/09/2015 for a trigger point injection on the right side. The diagnoses include discogenic cervical condition, cervical facet inflammation and headaches, discogenic lumbar condition with SI joint inflammation, epicondylitis medially and laterally bilaterally, wrist joint inflammation and CMC joint inflammation bilaterally, and chronic pain syndrome. The treatment plan consisted of interferential unit, MRI of the cervical spine, EMG/NCV (electromyography/nerve conduction velocity) of the bilateral upper extremities (approved), and consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** There is no quality evidence of effectiveness of IFS except in conjunction with recommended treatments, including return to work, exercise and medications. IFS are not recommended as an isolated intervention. In this case there is a request for purchase of a unit; however there is no documentation that the patient has undergone a one month trial to permit the provider to study the effects and benefits of IFS. This should include evidence of functional improvement, decreased pain and reduction of medications prior to consideration for purchase of the unit. A request for a one month trial may be entirely appropriate in this case if requested. At this time, however the request must be deemed not medically necessary.

**MRI cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Procedure Summary Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** The request is for an MRI of the cervical spine in a patient with chronic pain secondary to an industrial injury in 2010. She had a previous MRI of the neck several years ago and according to the documents submitted, there has been no worsening of her clinical condition to warrant repeating the MRI. There is no evidence of progressive neurologic dysfunction and the patient is not a surgical candidate. Criteria for imaging studies according to the MTUS are as follows: 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 anatomy prior to an invasive procedure. This patient does not meet any of the criteria therefore the request for MRI of the c-spine is deemed not medically necessary.

**Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) consultation.

**Decision rationale:** In regard to the request for consultation, there is a lack of information and rationale provided by the provider to determine whether the request is medically necessary. Guidelines certainly allow for consultation in selected cases and conditions, however the purpose

of the consultation has not been justified by the provider. This request must be deemed not medically necessary at this time.