

Case Number:	CM15-0074025		
Date Assigned:	04/24/2015	Date of Injury:	01/07/2014
Decision Date:	07/09/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/17/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 33 year old male with an industrial injury dated January 7, 2014. The injured worker diagnoses include cervicgia, cervical disc protrusion, headache and history of posttraumatic stress disorder. He has been treated with MRI of cervical spine/right elbow/right shoulder, Electromyography (EMG)/Nerve conduction studies(NCS) 6/16/2014, cervical epidural at C5-C6, prescribed medications, 18 session of physical therapy, 3 sessions of chiropractic treatment, 5 session of acupuncture therapy, and periodic follow up visits. According to the progress note dated 1/21/2015, the injured worker reported headaches and intermittent neck pain radiating into bilateral hands with associated numbness and tingling in bilateral hands. The injured worker also reported arm weakness at times with decreased endurance. Objective findings revealed decreased cervical range of motion, positive Spurling's test in right hand, and tenderness to palpitation over the scapular border. The treating physician prescribed services for transcutaneous electrical nerve stimulation (TENS) unit for home use for the cervical spine, physical therapy for the cervical spine 2x6, MRI of the cervical spine, cervical plain films including flexion and extension and Electromyography (EMG)/Nerve conduction studies(NCS) of the bilateral upper extremities .

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home use for the cervical spine-purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. There was no discussion indicating any of the conditions or situations described above, detailing the results of the one-month TENS trial, or describing short- and long-term therapy goals. In the absence of such evidence, the current request for the purchase of a transcutaneous electrical nerve stimulation (TENS) unit for home use for the cervical spine region is not medically necessary.

Physical therapy for the cervical spine 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted QME report dated 10/21/2014 indicated the worker was experiencing headaches, problems with vision and hearing, problems with concentration and memory, dizziness, arm weakness, pain in the hip and knee, numbness and tingling in the hands, neck pain that went into the arms, and anxiety and depressed mood. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the

current request for twelve physical therapy sessions for the cervical spine region done twice weekly for six weeks is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

Decision rationale: The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI imaging is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. The submitted and reviewed documentation indicated the worker was experiencing headaches, problems with vision and hearing, problems with concentration and memory, dizziness, arm weakness, pain in the hip and knee, numbness and tingling in the hands, neck pain that went into the arms, and anxiety and depressed mood. These records suggested the worker's sense of hand numbness and tingling had gotten worse since the recent MRI was done. However, there were no documented examination findings to support this, and there was no description of special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a repeat MRI of the cervical spine region is not medically necessary.

Cervical plain films including flexion and extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

Decision rationale: The ACOEM Guidelines support the use of x-rays of the upper back and neck region as the initial studies when there are "red flag" findings suspicious for a broken bone or a nerve problem associated with recent trauma, cancer, or infection. The Guidelines also support their use when the worker had recent trauma with findings such as tenderness over the center of the spinal bones, head injury, or alcohol or drug use. The submitted and reviewed documentation indicated the worker was experiencing headaches, problems with vision and hearing, problems with concentration and memory, dizziness, arm weakness, pain in the hip and knee, numbness and tingling in the hands, neck pain that went into the arms, and anxiety and depressed mood. There was no discussion suggesting the reason this study would be helpful in the worker's care, suggesting any of the above supported situations, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the

current request for plain x-rays of the cervical spine region including in the flexion and extension positions is not medically necessary.

EMG/NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 165-188, page 261.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. There was no discussion indicating any of the conditions or situations described above, detailing the results of the one-month TENS trial, or describing short- and long-term therapy goals. In the absence of such evidence, the current request for the purchase of a transcutaneous electrical nerve stimulation (TENS) unit for home use for the cervical spine region is not medically necessary.