

Case Number:	CM15-0078999		
Date Assigned:	04/30/2015	Date of Injury:	06/01/2004
Decision Date:	06/02/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/24/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 60 year old female, who sustained an industrial injury on June 1, 2004. She has reported headache, neck pain, lower back pain, shoulder pain, bilateral hand pain, memory loss, depression, anxiety, seizure disorder, panic attacks, and dizziness. Diagnoses have included migraines, cervical spine degenerative joint disease, reflexive sympathetic dystrophy of the upper limb, rotator cuff syndrome, posttraumatic stress disorder, major depressive disorder, and anxiety. Treatment to date has included medications, stellate ganglion blocks, transcutaneous electrical nerve stimulator unit, imaging studies, and diagnostic testing. A progress note dated March 6, 2015 indicates a chief complaint of chronic headache, neck pain, memory loss, pain of the neck and shoulders, bilateral hand pain, lower back pain, seizures, depression, anxiety, panic episodes, dizziness, loss of balance, and difficulty grasping with her hands. The treating physician documented a plan of care that included a urine drug screen, magnetic resonance imaging of the cervical spine, Tens unit, and neurology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, page 22, Independent Medical Examinations and Consultations, chapter 7.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Neurology consultation. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The patient has consulted previously with a Neurologist. It is unclear, why a repeat referral would be needed at this time. According to the clinical documentation provided and current MTUS guidelines; Neurology consultation is not medically necessary to the patient at this time.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, page(s) 113-115.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TENS unit. MTUS guidelines state the following: Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. A one-month trial may be considered for condition of neuropathic pain and CRPS, phantom limb, multiple sclerosis and for the management of spasticity in a spinal cord injury. The patient has been on a TENS unit, but there is lack of documentation that this has shown gain in their functional capacity. According to the clinical documentation provided and current MTUS guidelines; A TENS unit is not medically necessary to the patient at this time.

MRI 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 (ODG), MRI cervical spine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck 177-178.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a repeat MRI of the cervical spine. Guidelines recommend MRI if there is a Failure of conservative treatment. The patient has had a previous MRI, and there is no indication or significant changes that would indicated a need for a repeat MRI at this time. The clinical documents lack documentation that the patient has met these criteria. According to the clinical documentation provided and current MTUS guidelines; MRI, as written above, is not medically necessary to the patient at this time.