

Case Number:	CM15-0094484		
Date Assigned:	05/20/2015	Date of Injury:	08/20/2013
Decision Date:	06/22/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/15/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old male who sustained an industrial injury on August 20, 2013. He has reported back pain and has been diagnosed with cervical sprain and strain and cervical facet arthropathy. Treatment has included medical imaging, medications, Physical therapy, TENS unit, chiropractic care, and injection. Cervical spine examination noted cervical posture is well preserved with no splinting. There was tenderness in the trapezius musculature cervical paraspinal, more so on the right and left. There was also tenderness over the mastoid process. Cervical range of motion was within normal limits. Cervical facet stress test was positive more on the right than on the left. Hoffman's reflex and Spurling's test was negative. The treatment request included physical therapy, nortriptyline, Anaprox, MRI, and TENS unit. A report dated February 4, 2015 indicates that the patient complains of neck pain with tingling and numbness in his finger. Pain is better with therapy. The patient has had physical therapy but does not do a home exercise program. He did find the tens unit very helpful and has been undergoing chiropractic care. The patient has normal strength and sensation in the upper and lower extremities. The treatment plan recommends an MRI of the right shoulder and lumbar spine. A tens unit trial is recommended as well as physical therapy for the back pain, shoulder pain, and neck pain "in lieu of the fact that he has been doing his home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 3 weeks (6 sessions) for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has previously undergone, making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for his diagnoses. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

MRI without contrast for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit or failure of conservative treatment for at least 3 months. In the absence of such documentation, the requested cervical MRI is not medically necessary.

TENS unit 30 day trial for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

Decision rationale: Regarding the request for TENS unit trial, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, it appears that the tens unit was helpful during previous therapy visits. Notes indicate that the patient is undergoing chiropractic treatment has been advised to participate in a home exercise program. As such, the currently requested TENS unit trial is not medically necessary.