

Case Number:	CM17-0017776		
Date Assigned:	02/01/2017	Date of Injury:	10/31/2016
Decision Date:	02/24/2017	UR Denial Date:	12/22/2016
Priority:	Standard	Application Received:	01/26/2017

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a 28-year-old female who has filed a claim for neck, low back, bilateral shoulders, and mid back pain reportedly associated with an industrial injury of October 31, 2016. In a utilization review report dated December 22, 2016, the claims administrator failed to approve a request for a TENS unit trial and MRI imaging of the thoracic spine. The claims administrator referenced a November 30, 2016 date of service in its determination. The applicant subsequently appealed. On a December 16, 2016 RFA form, physical therapy, acupuncture, an epidural steroid injection, TENS unit rental, MRI imaging of the thoracic spine, and MRI imaging of the cervical spine were all ordered. On a December 5, 2016 office visit, the applicant reported multifocal complaints of neck, upper back, mid back, low back, left shoulder, and right shoulder pain, reportedly attributed to an industrial motor vehicle accident (MVA). The applicant was pending physical therapy. The applicant's medication list included tramadol, Inderal, Motrin, Flexeril, and Percocet, the attending provider stated in various sections of the note. The applicant was having difficulty exercising and socializing secondary to multifocal pain complaints, the attending provider noted. The applicant was placed off of work, on total temporary disability. The applicant was pending receipt of physical therapy, the attending provider acknowledged and was also pending receipt of acupuncture, psychological counseling, a TENS unit trial, MRI imaging of the cervical spine, MRI imaging of the thoracic spine, and a lumbar epidural steroid injection, the attending provider acknowledged. The requesting provider was a pain management physician, it was incidentally noted. The applicant retained well-preserved, 5/5 upper extremity motor function, the attending provider noted in one section of the note. In another section of the

note, the attending provider stated that "all the muscles of the body appeared normal." On November 30, 2016, the applicant apparently transferred care to a pain management physician reporting multifocal complaints of neck, upper back, mid back, low back, and bilateral shoulder pain reportedly attributed to an industrial motor vehicle accident (MVA). The applicant was on Inderal, Flexeril, and Percocet, the attending provider noted. Acupuncture and physical therapy were ordered while the applicant was placed off of work, on total temporary disability. Tramadol, Motrin, and Flexeril were prescribed at the bottom of the note. The note was very difficult to follow as it was some 14 pages long. Both cervical and thoracic MRI imaging were sought to "rule out" any structural pathology. The requesting provider was a pain management physician. Also ordered was an L5-S1 lumbar epidural steroid injection. The applicant was again described as retaining well-preserved, 5/5 upper extremity motor function and normal motor function throughout the entire body.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, daily trial, cervical and thoracic spine, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): TENS, chronic pain (transcutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, TENS (Transcutaneous electrical nerve stimulation); Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: The request for a TENS unit trial for the cervical and thoracic spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, TENS, i.e., the modality in question, is deemed "not recommended" in the evaluation and management of applicants with neck and upper back pain complaints, as were/are present here. The attending provider failed to outline a clear or compelling rationale for pursuit of this particular treatment modality in the face of the unfavorable ACOEM position on the same. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that the value of physical therapy and/or physical methods such as the device in question increases with a prescription for the same which "clearly states treatment goals." Here, however, clear treatment goals were neither stated nor formulated on the date(s) in question. It was not clearly stated why a TENS unit was ordered in conjunction with so many other modalities, including analgesic and adjuvant medications, physical therapy, epidural steroid injection therapy, acupuncture, etc. Therefore, the request was not medically necessary.

MRI of the thoracic spine without contrast, #1: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation

Official Disability Guidelines, Lumbar & Thoracic (Acute & Chronic), MRI (Magnetic Resonance Imaging).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for MRI imaging of the thoracic spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the neck and/or upper back to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there was no mention of the applicant's willingness to act on the results of the study in question and/or potentially consider surgical intervention based on the outcome of the same. The fact that the requesting provider was a pain management physician (as opposed to a spine surgeon or neurosurgeon) significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or potentially consider surgical intervention based on the outcome of the same. The multiplicity of the applicant's pain complaints and pain generators, which included the neck, upper back, mid back, low back, left and right shoulder, etc., taken together, effectively undermined any theory of nerve root compromise referable to the thoracic spine and/or upper extremities, as with the applicant's well-preserved upper extremity motor function in all muscle groups tested. There was, in short, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or potentially consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.