

<b>Case Number:</b>	CM13-0005470		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, upper arm pain, low back pain, and wrist pain reportedly associated with cumulative trauma at work, first claimed on May 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; MR imaging of the lumbar spine on September 13, 2012, notable for multilevel degenerative changes of uncertain clinical significance; MR imaging of the cervical spine of June 19, 2012, again notable for low-grade degenerative changes of uncertain clinical significance; and work restrictions. In a utilization review report of July 29, 2013, the claims administrator denied a request for chiropractic manipulative therapy, stating that the spine, the body part for which manipulative therapy has been sought, was not accepted by the claims administrator. A TENS unit was also denied on the grounds that the applicant did not have neuropathic pain. An earlier clinical progress note of August 22, 2013, is notable for comments that a 12-session course of manipulative therapy is being sought. The applicant reports neck, shoulder, and arm pain. The applicant is asked to remain on modified duty work at a rate of 6 hours a day and continuing Nucynta for her chronic low back pain and rhomboid pain. She is trying to change jobs, it is stated. An earlier note of May 8, 2013, is notable for comments that a TENS unit is being sought for purchase as electrical stimulation helped her somewhat during physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

**Decision rationale:** As noted on page 116 in the MTUS Chronic Pain Medical Treatment Guidelines, criteria for usage of TENS unit include evidence of chronic intractable pain of greater than three months' duration in those individuals in whom other appropriate pain modalities, including pain medications, have been tried or failed. However, the MTUS does advise a one-month trial of a TENS unit before purchase of the device is sought. In this case, there was no evidence of a successful one-month trial of the said TENS unit. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review. It is incidentally noted that page 3 of the MTUS Chronic Pain Medical Treatment Guidelines does take the position that all chronic pain states have some neuropathic element; therefore, a one-month trial of a TENS unit could have been supported here. However, since modifications are not possible through the independent medical review process, the request is wholly non-certified.

**Consultation and treatment with the chiropractor:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** As noted by the attending provider's progress notes, he has sought a 12-session trial of manipulative therapy here. However, page 58 of the MTUS Chronic Pain Medical Treatment Guidelines states that the time needed to produce effect following introduction of manipulative therapy is four to six treatments. Therefore, the 12-session course of treatment proposed by the attending provider cannot be supported here. Accordingly, the request remains non-certified, on independent medical review as partial certifications are not possible through the independent medical review process.