MAXIMUS Federal Services

Case Number:	CM13-0030355		
Date Assigned:	11/27/2013	Date of Injury:	02/27/2010
Decision Date:	01/22/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 42 year old female with injury from 02/27/10. The treating physician's report from 5/23/13 requests forTENS unit supplies and chiropractic treatments 2x6 for the lumbar spine. The patient presents with 8/10 low back pain, s/p microlumbar decompression bilateral at L3-4 and L4-5 6 weeks ago. Left lower extremity pain has been gone but right leg pain continues. The patient is seeing pain management for medications. She uses a cane for ambulation. The exam showed no infection, decreased right L3 dermatome to pinprick and light touch. 5-/5 strength of quads and hamstrings on right. The diagnosis was s/p microlumbar decompression L3-L5 from 8/11/13(typo, should be 4/11/13). The request was for post-operative therapy. The utilization review letter from 9/17/13 denied the request stating that additional information was requested, such as the list of supplies that are needed, as well as how TENS has been beneficial. The chiropractic request was denied as treatment history was not provided. The provider issues a letter of appeal on 7/24/13. TENS was used in the past helping the patient independently manage her pain. The chiropractic treatments helped in the past to help to sit and stand longer. The patient's pain is now 10/10, and has pain in low back and bilateral legs. The MRI of L-spine was being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies: Upheld

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

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

Decision rationale: TENS units are indicated for neuropathic pain among other diagnoses per MTUS guidelines. This patient presents with post-laminectomy syndrome and continues to experience leg symptoms. These are neuropathic in nature. The request for TENS unit supplies were denied by CID utilization review 9/26/13 citing lack of benefit. The provider has responded stating that the patient has had TENS unit in the past and it helped to "independently manage her pain." It is difficult to understand what this means. A careful review of the 569 pages of report do not show any direct evidence that TENS unit use resulted in the patient's independent management of pain. Afterall, the patient did end up with surgery and other tretaments. The patient continued to see a pain management specialist for medications. The provider does not provide any specifics regarding what is meant by "independent management" of pain. The patient has already tried TENS in the past. I do not see that the provider documents functional benefit from the use of TENS to warrant continual use. The MTUS 9792.2(f) "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. This has not been demonstrated with prior TENS unit in this patient. The recommendation is for denial.

request for twelve (12) chiropractic manipulations: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & ManipulationSection Page(s): s 58-59.

Decision rationale: The provider has asked for chiropractic treatments at 12 sessions per 5/23/13 report, about 6 weeks following microdiscectomy of lumbar spine. The provider's request is chiropractic physiotherapy. The California MTUS supports post-operative physiotherapy to help patient's recovery. However, MTUS does not discuss chiropractic treatments, including manipulation for post-operative care. Chiropractic treatments are addressed under a separate section and allow trial of 6 visits and with improvement maximum of 18 sessions. I do not see that MTUS supports chiropractic treatments for post-operative care. The request for 12 sessions of chiropractic care exceeds the recommended trial of 6 sessions for lumbar condition. The recommendation is for denial.