

Case Number:	CM13-0031469		
Date Assigned:	12/04/2013	Date of Injury:	06/29/2013
Decision Date:	02/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

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 Family Practice 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 claimant is a 50 year old injured worker with date a of injury of 6/29/2013. The records contain no details of the injury. The records contain report of cervical and lumbar spine pain. The physical examination documented in the report is limited to range of motion assessment. The claimant was diagnosed with lumbar discopathy, radicular neuralgia and cervical discopathy. There is no record of response to any interventions for the described symptoms. The treating provider requested nine session of chiropractic manipulation therapy and a one month home based trial of neurostimulator TENS-EMS on 8/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home based trial of a neurostimulator TENS-EMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116, 121.

Decision rationale: According to the California /MTUS Chronic Pain Medical Treatment Guidelines, NMES is not recommended for use. A home based one month trial of a TENS unit may considered for treatment of chronic pain when pain has been present for at least three

months, other treatment modalities have failed to provide pain relief and when a specific treatment plan containing short and long term goal for use of the TENS unit is documented. In this case, the medical records do not document the duration of pain. Based on the date of injury of 6/29/2013, however, pain had been present for less than two months when the device was requested. The medical records contain no documentation of the response to any other treatment modalities. There is no specific plan documented for the use of the TENS unit. The request for a one month home based trial of a neurostimulator TENS-EMS, is not medically necessary and appropriate.

Nine sessions of chiropractic manipulative therapy with infra-red light, myofascial release and electrical muscle stim, to be provided three times a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 58-60.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines allow for the use of chiropractic manipulation therapy for the management of acute low back pain at an initial frequency of 6 visits over two weeks with a goal of documenting functional improvement. If documented function improvement occurs, up to 18 total visits over 6-8 weeks may be reasonable. The request for nine sessions of chiropractic manipulation exceeds the number of initial visits allowed by CA-MTUS guidelines. Additionally, the medical records submitted in this case contain no documentation of any functional impairment. With no record of any functional impairment related to the pain complaints, there is no way to monitor response to the chiropractic manipulation. The request for nine sessions of chiropractic manipulative therapy with infra-red light, myofascial release and electrical muscle stimulation, three times a week for three weeks, is not medically necessary and appropriate.