

Case Number:	CM13-0034573		
Date Assigned:	12/11/2013	Date of Injury:	07/12/2006
Decision Date:	02/07/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 62-year-old male who reported an injury on 07/12/2006. The mechanism of injury was stated to be the patient was standing on a ladder when it gave way and the patient was noted to fall approximately 6 to 8 feet. The patient was noted to have chronic low back pain. The patient's diagnoses were noted to include lumbar spondylosis without myelopathy and thoracic/lumbar radiculitis/neuritis. The request was made for acupuncture, physical therapy, chiropractic care, and a TENS unit for home lifetime use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, low back 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including

either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the patient had 20 sessions of acupuncture and failed to include the patient's functional improvement. The request for 12 additional sessions would exceed Guideline recommendations. Given the above, the request for Acupuncture, low back 2 x 6 is not medically necessary

Physical therapy, low back 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the patient had over 40 sessions of physical therapy. There was a lack of documentation of objective improvement with therapy and a lack of a thorough objective examination with the patient's objective functional deficits. The request for 12 sessions of additional physical therapy would exceed Guideline recommendations. There is a lack of documentation indicating the necessity for additional visits. Given the above and the lack of documentation of a thorough objective physical examination, the request for Physical therapy, low back 2 x 6 is not medically necessary

Chiropractic treatment, low back 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58, 59.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. The time to produce effect is indicated as 4 to 6 treatments several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The clinical documentation submitted

for review indicated the patient had 24 sessions of chiropractic care. There is a lack of documentation of objective functional improvement with chiropractic care. Given the above, the request for chiropractic treatment, low back 2 x 6 is not medically necessary

Transcutaneous electrical nerve stimulation (TENS)/EMS unit for the home, lifetime use:
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): 115, 116.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines recommend for ongoing treatment a one-month trial must document how often the unit was used, as well as outcomes in terms of pain relief and function and that it was used as an adjunct to ongoing treatment modalities with a functional restoration approach. There should be documentation of other ongoing pain treatment should also be documented during the trial period including medication usage and there should be a documented treatment plan including the specific short- and long-term goals of treatment. The clinical documentation submitted for review failed to provide documentation of the functional benefit of the requested treatment and the length of the trial, associated medication usage and a formal plan for treatment with the TENS unit. Additionally, there a lack of documentation indicating the functional benefit received from usage. Given the above, the request for transcutaneous electrical nerve stimulation (TENS)/EMS unit for the home, lifetime use is not medically necessary