

Case Number:	CM13-0038764		
Date Assigned:	12/18/2013	Date of Injury:	06/02/2005
Decision Date:	02/14/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/01/2013

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 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 53-year-old female who reported an injury on 06/02/2005. The mechanism of injury was noted to be cumulative trauma. Her diagnoses included cervical, thoracic, and lumbar degenerative disc disease, bilateral shoulder acromioplasty, chronic pain syndrome, fibromyalgia, and upper back and neck muscle spasms. A recommendation has been made for a TENS unit with supplies on a monthly basis, 8 sessions of chiropractic care for her neck, mid back, and low back, and a follow-up visit in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies on a monthly basis: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that a TENS unit is not recommended as a primary treatment, but a 1 month home based TENS trial may be considered if used as an adjunct to a program of evidence based functional restoration. The patient was previously participating in chiropractic care; however, the clinical information failed to show

functional improvement with this treatment. Additionally, the patient is not noted to currently be participating in physical therapy or a home exercise program. Moreover, the patient was not noted to have previously had a 1 month trial with a TENS unit. Therefore, the request for a TENS unit and supplies on a monthly basis is not supported. Therefore, the request is non-certified

8 chiropractic sessions for the neck, mid, and low back: Upheld

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

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

Decision rationale: The patient was noted to have previously completed 6 visits of chiropractic care in the treatment of her cervical, thoracic, and lumbar spine. However, at her 6th visit on 03/26/2013, it was noted that her range of motion "was the same as the last visit." Looking back through her other chiropractic notes, this was the assessment regarding her range of motion at each of her chiropractic visits. Therefore, there was no evidence of objective functional gains with her previous chiropractic care. As the California MTUS Guidelines state that continued chiropractic therapy should be based on evidence of objective functional improvement, the request is not supported. As such, the request is non-certified.

Follow-up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits.

Decision rationale: According to the Official Disability Guidelines, outpatient office visits play a critical role in the proper diagnosis and return to function of an injured worker and should be encouraged. The patient is noted to have several diagnoses as well as persistent chronic pain symptoms. Therefore, the request for a follow-up visit with her pain management physician is supported by guidelines. Therefore, the request is certified