MAXIMUS Federal Services

Case Number:	CM13-0044088		
Date Assigned:	12/27/2013	Date of Injury:	04/26/2013
Decision Date:	07/29/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 expert 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 injured worker is a 65 year old male who sustained an injury to his low back on 04/26/13 after a slip and fall injury. The records submitted for review were handwritten and difficult to decipher. It was noted that the injured worker has completed physical therapy x 8 visits to date that alleviated his low back pain by 50%; however, the injured worker continues to be symptomatic. It was noted that the injured worker requested chiropractic treatment in lieu of physical therapy based on a coworker's recommendation. The injured worker reported that a transcutaneous electrical nerve stimulation (TENS) unit does have some beneficial effects. Physical examination noted spasm over the lumbosacral spine; lumbar spine range of motion normal; straight leg raise negative. Treatment to date has also included medications. The injured worker was diagnosed with a lumbar sprain and back contusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, low back 2x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: The request for chiropractic treatment, low back 2 x a week x 8 weeks is not medically necessary. The previous request was denied on the basis that there was no discussion as to why chiropractic visits were needed when there have been improved symptoms with physical therapy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits and functional goals for an initial trial of 6 chiropractic/manipulation visits. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for chiropractic treatment, low back 2 x a week x 8 weeks is not indicated as medically necessary.

One month use of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The previous request was denied on the basis that the documentation provided did not support ongoing subjective and objective functional improvements attributed to the use of the transcutaneous electrical nerve stimulation (TENS) unit such as improved activities of daily living, decreased pain scores, and increased capacity. The initial trial of the TENS unit is not described in the documentation and the actual response is largely unknown. The Chronic Pain Medical Treatment Guidelines states that while TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. Several published evidence based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Given this, the request for 1 month use of a TENS unit is not indicated as medically necessary.