

<b>Case Number:</b>	CM13-0046452		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 & Rehabilitation and is licensed to practice in New York and 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 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 39-year-old male who reported an injury on 01/08/2013. The patient is diagnosed with cervical spine musculoligamentous sprain/strain with left upper extremity radiculitis, lumbar spine musculoligamentous sprain/strain with left lower extremity radiculitis, and left shoulder parascapular strain. The patient was seen by [REDACTED] on 11/12/2013. The patient reported ongoing neck and low back pain. Physical examination revealed tenderness to palpation over the posterior paravertebral musculature, positive axial compression testing, and decreased cervical range of motion. Treatment recommendations included continuation of current medications, 6 sessions of chiropractic treatment, TENS therapy, and a neurological consultation secondary to ongoing headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of Chiropractic Manipulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Regional Neck Pain and the Chiropractic Guidelines, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** The California MTUS Guidelines state manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. As per the documentation submitted, the patient's physical examination does reveal tenderness to palpation with positive axial compression testing, and diminished range of motion. However, it is also noted that the patient was authorized 6 sessions of chiropractic treatment to the cervical and lumbar spine. Documentation of the previous course with objective measurable improvement was not provided for review. The current request for 8 sessions of chiropractic treatment exceeds guideline recommendations for a trial of 6 visits. Based on the clinical information received, the request is noncertified.

**TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option. As per the documentation submitted, it was noted by [REDACTED] on the requesting date, the patient has a TENS unit. The medical necessity for an additional unit has not been established. Documentation of a failure to respond to other appropriate pain modalities was also not submitted. Evidence of a 1 month trial period of the TENS unit was not provided for review. There was also no treatment plan including specific short and long term goals of treatment with a TENS unit submitted for review. Based on the clinical information received and the California MTUS Guidelines, the request is noncertified.

**Neurological Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Beithon J, Gallenberg M, Johnson K, Kidldahl P, Krenik J, Liebow M, Linbo L, Myers C, Peterson S, Schmidt J, Swanson J. Diagnosis and treatment of headache. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Jan. 90 p. (140 references).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation (ODG) Chronic Pain Chapter, Office Visits.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the provider requested a neurological consultation due to ongoing headaches. However, there is no documentation of a diagnosis of chronic

migraines. There is also no documentation of a failure to respond to conservative measures, such as medication, prior to the request for a specialty consultation. The medical necessity has not been established. Therefore, the request is noncertified.