

Case Number:	CM13-0049261		
Date Assigned:	12/27/2013	Date of Injury:	02/27/2010
Decision Date:	02/24/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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 Pain Management, has a subspecialty in Interventional Spine 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 42 year old female with a date of injury of February 27, 2010. The listed diagnoses per [REDACTED] dated October 04, 2013 included status post micro-lumbar decompression bilateral L3-L4 and L4 to L5 (April 11, 2013); bilateral L5-S1 radiculopathy per EMG/NCS; multilevel herniated nucleus pulposus (HNP) of the lumbar spine with stenosis. According to report dated October 04, 2013, the patient is status post micro-lumbar decompression on April 11, 2013. The patient reports low back pain and bilateral lower extremity pain, which she rates as 10/10 on the pain scale. The patient describes pain as radiating with numbness and tingling in both of her legs into her left. Examination of the lumbar spine showed incision site clean, dry and intact with no signs of infection. Range of motion of the lumbar spine is decreased in all planes. There is decreased sensation in left L3-S1 dermatomes. Motor exam showed 5-/5 left psoas, quadriceps, hamstrings, tibialis anterior extensor hallucis longus (EHL), inversion plantarflexion and eversion. The primary physician is requesting a 30 day trial of transcutaneous electrical nerve stimulation (TENS) unit and eight (8) additional chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of a TENS unit: Upheld

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

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

Decision rationale: This patient is status post micro-lumbar decompression on April 11, 2013 and continues to complain of severe low back pain. According to the California MTUS guidelines TENS units have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, complex regional pain syndrome (CRPS), spasticity, phantom limb pain, and Multiple Sclerosis. A one-month trial period is recommended with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Based on the medical records reviewed, there was no documentation regarding the outcome of the prior use of the TENS unit, another 30 day trial would not be warranted. Therefore, the request is not medically necessary or appropriate.

eight (8) chiropractic manipulation sessions to the lumbar spine: 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: This patient is status post micro-lumbar decompression on April 11, 2013 and continues to complain of severe low back pain. The treating physician requests 8 chiropractic sessions to the lumbar spine. The qualified medical evaluation (QME) by [REDACTED] states that the patient "commenced a course of postoperative physical therapy and chiropractic therapy, which provided very little relief." The report goes on to say that the "patient completed chiropractic therapy" and "she continues to experience pain in her lower back." Medical records do not indicate the exact number of chiropractic treatments this patient has received. However, it is clear that this patient completed a course of post operative chiropractic treatment and most recently received an additional 5 chiropractic sessions from October 14, 2013 to October 28, 2013. For additional treatments, 1-2 sessions of chiropractic treatments are recommended to treat flare-ups for patients when return to work is achieved. The request exceeds what is recommended by the California MTUS guidelines for a flare up. Therefore, the requested 8 chiropractic treatments are not medically necessary.