MAXIMUS Federal Services

| Case Number: | CM13-0053607 | | |
|---|---|---|---|
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/26/2012 |
| Decision Date: | 03/14/2014 | UR Denial Date: | 10/14/2013 |
| Priority: | Standard | Application Received: | 11/05/2013 |

## 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 Family Practice, 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 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 43-year-old male who reported an injury on 01/26/2012. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with muscle spasm, myalgia and myositis, thoracic sprain, chronic pain due to trauma, and low back pain. The patient was seen by [redacted] on 01/08/2014. The patient reported ongoing lower back pain. Physical examination revealed tenderness to palpation, full range of motion of the thoracic spine, slightly diminished lumbar range of motion, intact sensation, and normal balance and gait. Treatment recommendations included trigger point injections, acupuncture treatment, and TENS therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions QTY 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

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

**Decision rationale:** California MTUS Guidelines state manual therapy and manipulation are recommended if caused by a musculoskeletal condition. 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 only revealed trigger points in the thoracic spine with slightly limited lumbar range of motion. There was no documentation of a significant musculoskeletal condition. Additionally, the request for 8 sessions of chiropractic treatment exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

**Trigger Point Injections x 2-3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. As per the documentation submitted, there was no evidence of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There was also no documentation of a failure to respond to medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDS and muscle relaxants. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**TENS unit- 4 lead with Electrode Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

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

**Decision rationale:** 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. There is no evidence of this patient's active participation in a functional rehabilitation program. There is also no evidence that other appropriate pain modalities have been tried and failed. Documentation of a successful 1 month trial with a TENS unit has not been provided. Additionally, there was no treatment plan including the specific short and long term goals of treatment with the TENS unit submitted for review. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.