

Case Number:	CM14-0010722		
Date Assigned:	02/21/2014	Date of Injury:	09/11/2012
Decision Date:	07/14/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 licensed Doctor of Chiropractic, 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 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 patient is a 41-year-old male who has submitted a claim for persistent musculoskeletal back pain associated with an industrial injury date of September 11, 2012. Medical records from 2013 were reviewed. The patient complained of persistent low back pain, grade 5-7/10 in severity. The pain was characterized as sharp and radiates to the right buttocks. Sitting, standing, bending, climbing, lifting and driving aggravated the pain. Physical examination showed tenderness of the lumbar paraspinal musculature. Lumbar range of motion was decreased as well. Straight leg raise test was positive on the right. Imaging studies were not available. Treatment to date has included medications, physical therapy, activity modification, and chiropractic therapy. Utilization review, dated January 10, 2013, denied the request for chiropractic therapy times eight for the lumbar spine because there was insufficient documentation to determine that the injured worker is adherent to a conditioning program of aerobic exercise and strengthening exercises. The request for TENS unit x 30-day rental was denied as well because the it was not recommended for acute or subacute low back pain or acute radicular syndromes which was present in the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY TIMES EIGHT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulations Page(s): 58.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines page 58 states that manipulation for the low back is recommended as an option. There should be a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case, the patient previously had an unspecified number of chiropractic therapy sessions since April 2013. Recent progress report, dated December 18, 2013, stated that further chiropractic treatment was recommended because these allow him to continue to function. However, objective evidence such as decrease in pain score, improvement in functionality with activities of daily living, and decrease in medication use were not documented. Furthermore, it was not clear whether the previous chiropractic sessions exceeded the recommended total number of visits. Additional information is necessary before evaluation for need of continued chiropractic sessions can be done. Therefore, the request for CHIROPRACTIC THERAPY TIMES EIGHT FOR THE LUMBAR SPINE is not medically necessary.

TENS UNIT X 30 DAY RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens - Transcutaneous Electrotherapy.

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

Decision rationale: As stated on page 114-116 of the California MTUS Chronic Pain Medical Treatment guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, patient had low back pain since 2013. The rationale for the use of TENS unit was not mentioned on the medical records submitted. In addition, there was no documentation regarding failure of other ongoing treatment modalities or medications being used. A treatment plan concerning the use of the TENS unit was also not found in the documentation. The guideline criteria have not been met. Also, the present request failed to specify the body part to be treated. Therefore, the request for TENS UNIT X 30 DAY RENTAL is not medically necessary.