MAXIMUS Federal Services

Case Number:	CM14-0169061		
Date Assigned:	10/17/2014	Date of Injury:	05/02/2013
Decision Date:	11/19/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/14/2014

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient of the date of injury of May 2, 2013. A utilization review determination letter dated October 3, 2014 recommends non-certification of chiropractic therapy and purchase of a multi-stim unit for the low back. Non-certification of additional therapy is due to prior completion of a course of chiropractic rehab and no identifiable lumbar pathology. A progress report dated August 7, 2014 identifies subjective complaints of cervical pain, bilateral shoulder pain, and lumbar pain. Objective examination findings revealed tenderness to palpation in the left medial scapular border with pain in the cervical spine. Diagnoses included dizziness, anxiety, cephalgia, and cervical spine pain. The treatment plan recommends chiropractic therapy 2 times 6, MBU for the lumbar spine, Cyclobenzaprine, Tramadol, and a urine toxicology test. An agreed medical evaluation dated September 16, 2014 states that the patient has previously undergone chiropractic care and acupuncture. A summary of a July 26, 2013 consultation states that the patient received medication, physical therapy, a tens unit, massage, and chiropractic therapy "having no change in his condition." Treatment recommendations include a home exercise program as instructed by his physical therapist and medication. Future medical care recommends a provision for short courses of physical therapy 2-3 times a year for 2-3 weeks duration for exacerbations unresponsive to a home exercise program and consideration of a TENS and/or interferential unit. The note goes on to recommend a one-month tens unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro-therapy 2 times 6 weeks to cervical, thoracic and 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 Page(s): 58-60 of 127.

Decision rationale: Regarding the request for additional chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.

Purchase of home Multi-stim unit to low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121 of 127.

Decision rationale: Regarding the request for multi-stim unit, this unit is a combination electrical stimulation unit which includes multiple stimulation modalities. It is unclear what modalities this device produces. In order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. Chronic Pain Medical Treatment Guidelines state that TENS is not recommended as a primary treatment modality, but a one month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines go on to state the galvanic stimulation is not recommended. Additionally, guidelines state that interferential current stimulation is not recommended as an isolated invention except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Finally, guidelines state that neuromuscular electrical stimulation is not recommended. Within the documentation available for review, there is no indication that the patient has undergone a 30 day trial with objective functional improvement. Additionally, in regards to interferential treatment, there is no indication that the patient is failed a TENS unit trial, as recommended by guidelines prior to an interferential unit trial. As such, the currently requested multi stim is not medically necessary.