

Case Number:	CM14-0170518		
Date Assigned:	10/20/2014	Date of Injury:	05/09/2007
Decision Date:	11/20/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/15/2014

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 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 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 52 year old male with an injury date of 05/09/07. The 09/30/14 report the treater states that the patient presents with increased pain in the right lumbosacral region with radiation into the right buttock and mid posterior thigh. Pain is rated 5-8/10 in the a.m., improves to 4-5/10 and by the end of work is 7/10. The patient notes increased weakness in the right leg which makes climbing stairs difficult. The report states the patient is to remain off work per AME; however, other statements in the reports indicate the patient is working. The AME report is not provided. Examination shows slight L5 right radiculopathy with positive Straight leg raise. The patient's diagnoses include: -Lumbosacral radiculopathy-Lumbar spondylosis-Thoracic spine pain No medications are listed. The utilization review being challenged is dated 10/08/14. The rationale regarding the transcutaneous electrical nerve stimulation (TENS) pads is that the patient does not meet guidelines for a Tens unit and replacement pads are not supported. Reports were provided from 10/03/13 to 09/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic times 3 visits for the lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60, 113, 121, 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Treatments Page(s): 58-59.

Decision rationale: The patient presents with increased pain in the right lumbosacral region with radiation to the right buttock and mid posterior thigh rated 4-8/10. The treater requests for Chiropractic times 3 visits. MTUS Chronic Pain Section Manual Therapy and Treatments pages 58 and 59 state the following regarding chiropractic care: "Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The 06/17/14 report by the treater states the patient has been authorized for 3 chiropractic treatments for flare up of back pain and that 2 have expired. Authorization for another 3 visits is requested. The treater states, "He responds well to chiro tx and hopes that the treatment will allow him to continue working." No chiropractic treatment reports have been provided. It is unknown how many prior treatments have been received by the patient and when. At least one prior visit is documented. In this case, the treater documents flare up of pain in lumbosacral region. MTUS recommends a trial of up to 6 visits over 2 weeks. The 3 visits requested combined with the one prior visit documented are within what is recommended by MTUS. The request is medically necessary and appropriate.

Transcutaneous electrical nerve stimulation (TENS) pad times 3 months supply: Upheld

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

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

Decision rationale: The patient presents with increased pain in the right lumbosacral region with radiation to the right buttock and mid posterior thigh rated 4-8/10. The treater requests for TENS pad times 3 months supply. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) pages 114-116 state, "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, for the conditions described below. MTUS further states use is for neuropathic pain." The reports document lower back pain radiating to the buttock and thigh. The treater states the patient is using TENS, the hot tub and medications for pain and that the use of TENS reduces the need for medications. A list of medications is not provided. In this case, however, the patient does not present with a clear neuropathic pain for which TENS unit would be indicated. The patient appears to suffer mostly from musculoskeletal pain of the L-spine. The request is not medically necessary and appropriate.