

<b>Case Number:</b>	CM14-0178272		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	02/07/2000
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 66 year old female who had a work injury dated 2/7/00. The diagnoses include cervical, thoracic, lumbar sprain. Under consideration are requests for 1 TENS unit between 8/22/2014 and 11/15/2014 and 6 chiropractic evaluation and treatments at [REDACTED]. Per progress note dated 9/22/14 the patient had a 30% overall improvement in pain. The patient was not working. Per progress note dated 8/22/14, the patient stated she had dull aching pain and sharpness into the lumbar spine and knees with radiation into the lower extremities. The pain was rated at 5-8/10 on the pain scale. The pain was improved with rest and increased with activity. On examination there was included tenderness to palpation over the lumbar paraspinals and quad rates lumborum, and decreased range of motion in all planes. There was intact sensation, 5/5 motor strength in the bilateral lower extremities, and 2+ reflexes in the bilateral lower extremities. The patient was not working. Per documentation the patient was certified for 9 chiropractic visits in review #3003823. There is a 9/5/14 document that states that the patient will have a home TENS unit trial and provide a lumbar spine brace for support. The patient is to continue home exercise programs and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) TENS unit between 8/22/2014 and 11/15/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** One (1) TENS unit between 8/22/2014 and 11/15/2014 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. - A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The guidelines state that TENS can be used for conditions such as CRPS, post herpetic neuralgia, diabetic neuropathy, phantom limb pain, spasticity, and multiple sclerosis. The documentation does not indicate that a treatment plan with goals was submitted. The documentation does not indicate that the patient suffers from one of the conditions indicated for a TENS unit. The request for 1 TENS unit between 8/22/2014 and 11/15/2014 is not medically necessary.

**Six (6) chiropractic evaluation and treatments at [REDACTED]:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Â§ 9792.20. Medical Treatment Utilization Schedule--Definitions page 1-functional improvement

**Decision rationale:** Six (6) chiropractic evaluation and treatments at [REDACTED] are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a trial of manual medicine of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks is recommended. The documentation indicates that the patient has already had 9 certified chiropractic visits without significant evidence of functional improvement as defined by the MTUS. The request for additional therapy as in 6 chiropractic evaluation and treatments at [REDACTED] are therefore not medically necessary.