

Case Number:	CM14-0181424		
Date Assigned:	11/06/2014	Date of Injury:	09/09/2013
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal Medicine; Pulmonary Diseases 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 injured worker is a 33-year-old female who reported an injury on 09/09/2013. The injury reportedly occurred due to the repetitive and continual nature of her work duties, she then started to develop pain in her back, left shoulder, and wrist. She was diagnosed with cervical spine strain with multilevel bulges. Her past treatments include medications, acupuncture, manipulating therapy, physical therapy, and extracorporeal shockwave therapy. Her diagnostic studies include an x-ray of the lumbar spine. No pertinent surgical history was noted. On 10/08/2014, the injured worker reported moderate to severe neck pain which radiated into her shoulders, arms, hands, and fingers. Upon physical examination, she was noted to have tenderness along the bilateral cervical spine. Her current medications included Relafen. The treatment plan included a Functional Capacity Evaluation; an initial trial course of chiropractic therapy to the cervical spine, thoracic spine, lumbar spine, and bilateral shoulders 3x4; a TENS unit; and a possible psych evaluation. A request was received for a TENS unit, chiropractic treatment 3 times a week for 4 weeks (12 visits total), and Functional Capacity Evaluation/initial FCE; however, the rationale for the requests were not provided. A Request for Authorization was submitted on 10/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: 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 Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The request for TENS unit is not medically necessary. The California MTUS Guidelines do not recommend TENS (transcutaneous electrical nerve stimulation) as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used along with programs of evidence based functional restoration. Additionally, the guidelines recommend use if there is documentation of pain for at least 3 months and other pain modalities have been tried and failed. Ongoing treatment should also be documented during the trial period, including medication usage. Furthermore, there should be a treatment plan including long and short term goals of use with a TENS unit. There was no documentation indicating whether she used a unit for at least 1 month, how often it was used, evidence of objective functional improvement, pain reduction, and decreased medication usage with use of the unit. Additionally, there is a lack of documentation showing whether she used the unit in adjunction to a functional restoration program or would continue to use the unit in adjunction to a functional restoration program. Furthermore, there was no documentation of short or long term goals with the use of the TENS unit. As such, the request for the TENS unit is not medically necessary.

Chiropractic treatment three times a week for four weeks (12 visits total): 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 Pain Medical Treatment Guidelines Manual Page(s): 58-60.

Decision rationale: The request for chiropractic treatment 3 times a week for 4 weeks (12 visits total) is not medically necessary. The California MTUS Guidelines recommend chiropractic treatment for chronic pain if caused by musculoskeletal conditions. The guidelines recommend 4 to 6 treatments of chiropractic treatment in order to produce effect. With evidence of significant objective functional improvement, the guidelines recommend continued chiropractic treatment at a frequency of 1 to 2 times per week the first 2 weeks and thereafter, treatment may continue at 1 treatment per week for the next 6 weeks. The guidelines recommend treatment may continue for a maximum duration of 8 weeks; however, care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. The clinical documentation submitted does indicate that she has had manipulation therapy in the past; however, the clinical documentation does not provide evidence of objective functional improvements and does not clearly indicate how many chiropractic treatments the injured worker has completed. Additionally, the request failed to provide the specific body part the treatment was being requested for. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Functional capacity evaluation / initial FCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Ed., Independent Medical Examinations and Consultations chapter; and the Non-MTUS Official Disability Guidelines, Fitness for Duty chapter, Functional Capacity Evaluation (FCE) chapter, Guidelines for performing an FCE

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation

Decision rationale: The request for Functional Capacity Evaluation/initial FCE is not medically necessary. The California MTUS ACOEM Guidelines recommend considering using a Functional Capacity Evaluation when it is necessary to decipher medical impairment into functional boundaries and define work capability. More specifically, the Official Disability Guidelines recommend performing a Functional Capacity Evaluation prior to admission to a work hardening program. The guidelines recommend considering a Functional Capacity Evaluation if case management is hampered by complex issues including prior unsuccessful return to work attempts, when there is conflicting medical reporting on precautions and/or fitness for modified job, or if there are injuries that require detailed exploration of a worker's abilities. The guidelines recommend a Functional Capacity Evaluation if patients are close to or at maximum medical improvement and all key medical reports are secured and if additional/secondary conditions are clarified. Within the documentation provided, there was no rationale indicating why the physician is requesting a Functional Capacity Evaluation. Additionally, there is no indication if the request is for a work hardening program or if the injured worker is at maximum medical improvement. In the absence of the documentation, the request is not supported. As such, the request is not medically necessary.