MAXIMUS Federal Services

Case Number:	CM14-0021365		
Date Assigned:	05/07/2014	Date of Injury:	03/18/2013
Decision Date:	07/25/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 Anesthesiology, has a subspecialty in Pain Mangement 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 35-year-old male with a 03/18/2013 date of injury, when he was on top of the roof putting wood when fell approximately 12-13 ft and landed on the ground. A 2/13/14 determination was modified. Certification was rendered for 6 chiropractic visits from the 12 sessions originally requested. A TENS unit was not granted The requested pain management consultation/evaluation and treatment for cervical and lumbar pain was modified for the consultation/evaluation only. The chiropractic visits were modified to allow an initial treatment trial to evaluate functional improvement. The TENS unit was not granted given that a trial of chiropractic manipulation was given and until treatment was completed the guidelines for TENS were not satisfied. Regarding the pain management evaluation, treatment, if any, should be separately evaluated after it has been recommended. On 2/27/14 medical report identified neck pain increased with pain rotation and extension. Low back pain with radiation down the right posterior and medial thigh to the knee. The patient has a history of a T12 compression fracture. He described 80% axial and 20% leg pain. Pain was rated 6/10. Exam revealed positive trigger points in the cervical spine with decreased range of motion. Lumbar spine as well with decreased range of motion, tenderness to palpation, and decreased range of motion. A 2/24/14 medical report identified neck, right shoulder, middle back, and lower back pain. A 1/27/14 medical report identified ongoing pain in the mid back as well as neck pain and headaches. Exam revealed tenderness to palpation and decreased range of motion. Prior treatment included physical therapy, medication, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic manipulation treatments for the neck and lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. The patient presented continued back pain with decreased range of motion spasms and tenderness. Chiropractic manipulation might be of help for the patient given these findings. The prior determination appropriately modified the request to 6 sessions in an effort to help the patient with his symptoms and also to address objective functional improvement prior to proceeding to additional treatments. However, the request as presented, 12 chiropractic manipulation treatments for the neck and lower back, exceed MTUS recommendations for an initial trial and therefore, could not be substantiated. Therefore the request is not medically necessary.

1 tens unit: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that 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. Criteria for the use of TENS unit include Chronic intractable 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. The patient presented with continued pain in multiple body parts for more than three months of duration with failure of some conservative therapies, including physical therapy and medication. However, the records did not indicate specific treatment plan for the TENS unit with goals to be achieve during the one month trial. There was also no specific time frame proposed for its use. There was not enough documentation to support this request. Therefore, the request is not medically necessary.

1 pain management consultation/treatment and treatment for cervical and lumbar pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder, Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, pages, 127, 156 and Non-MTUS Official Disability Guidelines (ODG) Pain Chapter, Office Visit.

Decision rationale: The California MTUS Guidelines states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A pain management evaluation was reasonable due to the patient's continued pain complaints. The prior determination appropiately modify the request to an evaluation only. The request for pain management consultation/treatment and treatment was not substantiated given that no specific treatment was being requested. There was no indication for a request for pain management treatment prior to completing the evaluation and awaiting any possible treatment recommendations. Therefore, the request is not medically necessary.