

Case Number:	CM14-0024321		
Date Assigned:	06/23/2014	Date of Injury:	03/03/1999
Decision Date:	07/22/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational 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:

The claimant was injured on 03/03/99 when she fell. She is status post coccygectomy/partial removal of the sacrum due to damage. Chiropractic, acupuncture, pelvic therapy and transcutaneous electrical nerve stimulation (TENS) unit supplies have been requested and are under review. The provider stated that her treatment plan was reasonable and appropriate for her. The claimant has a unique program that consists of acupuncture, chiropractic, TENS, Lidoderm patches and a very aggressive home exercise program. Pelvic therapy had been denied. The claimant had become more active with this treatment. She reportedly uses a TENS unit daily that increases her walking time. She was able to walk for 30 minutes instead of 15. She had been using it since before April 2006. As of a report dated 01/08/14, she was attending acupuncture once a week. The claimant was using an ergonomic chair, gel cushion and Tempur-Pedic bed. She was doing Kegel exercises for urinary incontinency and stretches every day. She also did yoga and Pilates. She was going to a gym and was involved in yoga, stretching, and Pilates in September 2012. She was using TENS on a daily basis and getting chiropractic treatment once or twice a month. She was using Lidoderm as needed. She had been undergoing acupuncture once a month. She had some coccygeal tenderness. She has tried multiple medications and injections. She has attended physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE, THREE(3) TO FOUR (4) TIMES PER YEAR, QTY: 4.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The history and documentation do not objectively support the request for chiropractic visits three to four times per year. The MTUS guidelines state "manipulation may be recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. For low back, manual therapy is recommended as an option. For therapeutic care, a trial of six visits over two weeks, with evidence of objective functional improvement, total of up to 18 visits over six to eight weeks. For elective or maintenance care, the MTUS states that manual therapy is not medically necessary. For recurrences/flare-ups, there is a need to re-evaluate treatment success, if return to work is achieved then one to two visits every four to six months." In this case, the claimant has attended an unknown total number of chiropractic visits and she reports that it helps her. However, specific objective evidence of benefit/functional improvement as a result of intermittent chiropractic treatment has not been documented. In addition, it is not clear under what circumstances this treatment is expected to occur. The claimant has likely exhausted the number of visits that are typically recommended and it is not clear whether or not she has been able to return to work, as per the MTUS, to support ongoing intermittent treatment sessions. Since the medical necessity of the continuation of chiropractic has not been clearly demonstrated, the request is not certified.

ACUPUNCTURE, TWO (2) TO FOUR (4) TIMES PER MONTH, QTY: 48.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The history and documentation do not objectively support the request for acupuncture visits, two to four times per month on an ongoing basis. The MTUS Acupuncture Guidelines state that "acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. The MTUS also state that acupuncture treatments may be extended if functional improvement is documented." In this case, the claimant is using multiple pain control methods in combination but it is not clear what specific objective evidence is available to show that acupuncture has

provided her with benefit/functional improvement/recovery. It is necessary to separate the different pain control methods to determine the specific benefit of each. The medical file does not include this type of information. The claimant has attended an unknown total number of acupuncture visits and she reports that it helps her. In this case, the claimant's pattern of acupuncture visits and whether or not she combines it with an exercise program have not been documented. There is no evidence that the claimant has been trying medications but has experienced side effects or lack of effect. The medical necessity of the continuation of acupuncture has not been clearly demonstrated. As such, the request is not certified.

TENS SUPPLIES (UNSPECIFIED TYPE OR AMOUNT), QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation), chronic pain Page(s): 116.

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

Decision rationale: The history and documentation do not objectively support the request for TENS unit supplies of unknown quantity. The MTUS state that "TENS, chronic pain (transcutaneous electrical nerve stimulation) is 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. The recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain: Some evidence including diabetic neuropathy and post-herpetic neuralgia. In this case, the specific reason for use of TENS and how often it used is not provided. The specific objective benefit to the claimant is not clear, since multiple pain control methods are being used. In this case, the claimant's pattern of use of TENS and whether or not she combines it with an exercise program have not been documented. The medical necessity of ongoing use has not been clearly demonstrated. As such, the request is not certified.

PELVIC FLOOR THERAPY, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine treatment Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 98-99.

Decision rationale: The history and documentation do not objectively support the request for pelvic floor therapy at this time. The records indicate that the claimant attended physical therapy. The MTUS guidelines state "physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The claimant complaints are chronic and there is no evidence that she is unable to do exercises independently for an injury that occurred about 15 years ago. It is not clear what objective benefit/functional improvement may be expected based on this type of treatment. The medical necessity of this request has not been clearly demonstrated. As such, the request is not certified.