

Case Number:	CM14-0034029		
Date Assigned:	06/20/2014	Date of Injury:	11/01/2001
Decision Date:	12/31/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/18/2014

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 Pain 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:

This is a patient with a date of injury of 5/98. A utilization review determination dated 2/18/14 recommends non-certification of TENS. Chiro/PT was modified from 8 sessions to 4 sessions. Corresponding medical reports from the provider were not submitted for review. There was an 8/6/13 medical report identifying back pain with a recent flare-up with spasm and radiation of symptoms into BLE. There is also a slight flare-up of bilateral forearms, wrists, and hands. Treatment at home with pain medication, TENS, and a back brace was temporary beneficial. On exam, there is tenderness, Tinel's elicits "localized sensitivity bilaterally" while Phalen's is slightly positive on the left and Finkelstein's test is positive on the right. There is tenderness of the back with spasm and limited ROM. Sensation is decreased over the median nerve distribution (side(s) undocumented). Grip strength is weak. Recommendations include aquatic therapy, one-time therapy demonstration to review current home exercise program, exercise kit including hand putty and ball, medications, continue with HEP and EMS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulator (TENS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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, function, and medication usage. Within the documentation available for review, the patient is noted to have a TENS unit, but there is no indication of efficacy of prior use of the unit as evidenced by pain relief, functional improvement, decreased pain medication usage, etc. Furthermore, there is no rationale identifying why another TENS unit is needed. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

Chiropractor 2x4 for lumbar/cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60 of 127.

Decision rationale: Regarding the request for chiropractor, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is no indication of objective functional improvement from any prior chiropractic sessions. If the request is an initial request, there is no indication of any significant pain and/or functional deficits corresponding to the time of the request. Additionally, the currently requested 8 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested chiropractor is not medically necessary.