

<b>Case Number:</b>	CM14-0039982		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/16/2001
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 and is licensed to practice in Nevada. 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 74-year-old female who was reportedly injured on July 16, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 10, 2014, indicates that there are ongoing complaints of pain and numbness in the hands. The physical examination demonstrated tenderness over the cervical and lumbar spine paraspinal muscles. Spasms were noted along the lumbar spine. There was a negative straight leg test bilaterally. There was diminished sensation over the right median nerve distribution. Diagnostic nerve conduction studies dated June 26, 2012, noted a chronic C5-C6 radiculopathy and moderate to severe bilateral carpal tunnel syndrome. Previous treatment includes medications, heating pads, bracing, and a transcutaneous electrical nerve stimulation (TENS) unit. A request was made for chiropractic therapy for the lumbar spine and the use of a TENS unit and was not certified in the pre-authorization process on March 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Chiropractic therapy 2 times a week for 4 weeks for lumbar spine:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the indication for chiropractic or manual therapy care is to achieve positive symptomatic or objective measurable gains in functional improvement that facilitate progression of the injured employees therapeutic exercise program and return to productive activities. According to the most recent progress note dated January 10, 2014, there are no functional deficits noted that would benefit from treatment with chiropractic care. Considering this, this request for chiropractic therapy two times a week for four weeks for the lumbar spine is not medically necessary.

**TENS (Transcutaneous Electrical Nerve Stimulation) unit for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-115.

**Decision rationale:** Although the injured employee has been apparently using a transcutaneous electrical nerve stimulation unit at home before, there is no documentation in the attached medical record that indicates that the usage of this tens unit is in place of other appropriate pain modalities which have been tried previously and failed. Without this justification, this request for the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit for purchase is not medically necessary.