

<b>Case Number:</b>	CM14-0083654		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 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 involves a male injured worker who sustained an injury on 03/04/2014. The patient's current complaints are neck and back pain. The diagnosis includes cervical radiculopathy, cervical sprain, cervical cranial pain, lumbar pain, lumbar radiculopathy, depression, and anxiety. A primary treating physician's progress report dated 05/13/2014 documented the diagnoses of cervical, lumbosacral, right shoulder, and left shoulder sprains. It is not clear whether that entire form has been provided. In addition, there is no specific detailed neurologically or musculoskeletal examination documented. The patient was noted to report pain the left shoulder, the right shoulder, the lumbar spine, and the cervical spine. Overall, there is limited clinical information made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Manual Therapy and Manipulation states that the treatment is recommended for chronic pain if caused by musculoskeletal conditions. The medical records in this case do not clearly document the patient's history, physical exam, and treatment goals. In this situation, it is not possible to apply treatment guidelines in order to support the requested chiropractic treatment. This request is not medically necessary.

**Localized Intense Neurostimulation Therapy 6 sessions for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back chapter LINT/hyperstimulation analgesia.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Percutaneous Neuromodulation Page(s): 98.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Percutaneous Neuromodulation Therapy, page 98, refers to the discipline of localized intense neurostimulation therapy. This guideline states that this treatment is considered experimental. The medical records do not provide an alternate rationale to support this request therefore, the request is not medically necessary.

**Physical Therapy 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Physical Medicine recommends active therapy with individualized goals for a particular patient and diagnosis. The medical records are very limited in this case and do not clearly document a specific diagnosis or treatment goals. The guidelines have not been met therefore, this request is not medically necessary.

**Home TENS/EMS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines TENS Page(s): 114.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on TENS states that TENS is indicated as part of an overall functional restoration program for patients with neuropathic diagnoses. The medical records in this case do not clearly document a neuropathic pain diagnosis nor do the medical records document functional restorative goals. This request is not supported by the medical records therefore, is not medically necessary.