

Case Number:	CM14-0191916		
Date Assigned:	11/25/2014	Date of Injury:	08/22/2008
Decision Date:	01/12/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 & 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 male patient with an injury date of 06/22/2008 and no narrative description provided within the supporting documentation. A primary treating visit dated 04/29/2014 described no changes since last visit. Lumbar pain persists along with stiffness. Current pain level noted elevated and last MRI obtained in 2011. He was diagnosed with chronic lumbar pain/lumbar disc disease and lumbar radicular symptoms. The patient noted retired and temporarily disabled pending an MRI of the spine to re-assess disc disease/canal stenosis. Another office visit dated 10/28/2014 described low back pain flare ups occurring more frequently, nearly monthly and lumbar range of motion at 70 percent of expected. A request for services dated 10/29/2014 asking for chiropractic, acupuncture visits treating the lower back, an MRI of the lumbar region and a TENS unit. The utilization Review denied the request on 12/05/2014 as not meeting medical necessity requirements as there was no indication of the amount and efficacy of prior chiropractic and/or acupuncture visits, no progression of neurologic deficits since the prior MRI in 2011, and no evidence of functional benefit from a trial of TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits for the low back qty: 6: Upheld

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

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

Decision rationale: Regarding the request for chiropractic care, 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, the patient has a longstanding injury and there is no indication of the amount of prior chiropractic treatment rendered and evidence of objective functional improvement from any prior chiropractic care. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.

Acupuncture visits for the low back qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the patient has a longstanding injury and there is no indication of the amount of prior acupuncture treatment rendered and evidence of objective functional improvement from any prior treatment. In the absence of clarity regarding the above issues, the currently requested acupuncture is not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC lower back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for lumbar MRI, CA MTUS and ACOEM do not specifically address the issue. ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no identification of any

current neurological abnormalities and a recent change in symptoms/findings findings suggestive of significant pathology. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

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): 114-117 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, there is no indication that the patient has undergone a TENS unit trial with significant improvement with regard to pain, function, medication usage, etc. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.