

Case Number:	CM14-0194677		
Date Assigned:	12/02/2014	Date of Injury:	02/17/2012
Decision Date:	01/16/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/20/2014

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 Interventional Spine 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 patient is a 62 year old female with an injury date of 02/17/12. According to the 07/22/14 progress report, the patient complains of pain in her low back, neck, bilateral shoulder, upper back, right shoulder, left knee, right ankle, and right knee. Her low back pain is located in the midline of the lower lumbar spine. She describes her pain as aching and dull. The 08/05/14 report indicates that her neck pain radiates to her head and bilateral shoulders. She has a positive right Jacksons/Kemps and straight leg raise. The patient has a decreased range of motion in her cervical, thoracic, lumbar, and sacral spine with significant paraspinal muscle spasms. The 10/24/14 report states that the patient rates her pain as a 5-6/10. She has difficulty sleeping at night due to pain. "Since the time of her last visit, her pain level has been worse. She is not taking any pain medications." The patient's diagnoses include the following degenerative disc disease, cervical; degenerative disc disease, lumbar; degenerative joint disease; and arthritis. The utilization review determination being challenged is dated 11/07/14. Treatment reports were provided from 02/14/14 - 10/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of Chiropractic care: Overturned

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

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

Decision rationale: The request is for 12 additional sessions of chiropractic care. The patient has previously had 8 sessions of chiropractic treatment. MTUS Chronic Pain Medical Treatment Guidelines pages 58-59 states, "Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary." MTUS page 8 also requires that the provider monitor the treatment progress to determine appropriate course of treatments. The 09/10/14 chiropractic note states that the patient has completed 8 session of chiropractic care. "She reported she was overall 50% better now in comparison to her initial chiropractic examination and treatment. Neck feels like it has resolved to pre-exacerbation status and described it as a 0/10. She informs the signs and symptoms in her lumbopelvic region still suffers occasional exacerbations upon an increase of her daily living activities of house/garden-work, shopping, etc. When she suffers from occasional exacerbation, the increase of pain is not as intense in quality or quantity and seems to feel better faster than before she started this session of chiropractic care." The 10/24/14 report states that "she was undergoing both chiropractic therapy and physical therapy. With such therapies her conditioned improved. Now that they have ended her pain level as worsened. She is requesting additional sessions of both such therapies." In this case, the provider has documented that the patient is feeling "50% better" and she has increased her activities of daily living. Her pain is not as "intense in quality or quantity and seems to feel better faster." She has an improvement of quality of life, functional improvement, and decrease in pain. An additional 12 sessions of chiropractic care to the 8 sessions the patient has already had is within MTUS guidelines. The requested 12 sessions of chiropractic care is medically necessary.

12 sessions of Physical Therapy: Upheld

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

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

Decision rationale: The request is for 12 sessions of physical therapy. The patient has had 12 sessions of physical therapy from 08/01/14 to 09/10/14. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The 10/24/14 report states that "she was undergoing both chiropractic therapy and physical therapy. With such therapies her conditioned improved. Now that they have ended her pain level as worsened. She is requesting additional sessions of both such therapies." In this case, the patient has already had 12 sessions of physical therapy and an additional 12 sessions would exceed what is allowed by MTUS guidelines. There is no discussion as to why the patient

is not able to establish a home exercise program to manage pain. The requested physical therapy is not medically necessary.

TENS unit for the home: 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 TENS unit Page(s): 116.

Decision rationale: The request is for a TENS unit for the home. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, complex regional pain syndrome (CRPS), spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the utilization review denial letter states that the "patient's trial period [was] authorized on 08/26/14." Review of the medical records from 02/14/14 to 10/24/14 show no discussion of the patient using the TENS unit or of any functional improvement. There is no discussion regarding frequency of use, magnitude of pain reduction, and any functional changes with utilizing the TENS unit. MTUS allows for extended use of the unit when there is documentation of functional improvement. The requested TENS unit is not medically necessary.