

<b>Case Number:</b>	CM14-0205711		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	09/01/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Emergency 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:

The injured worker is a 58 year-old female, who sustained an injury on September 1, 2013. The mechanism of injury is not noted. Treatments have included: chiropractic, physical therapy, acupuncture, medications. The current diagnoses are: cervicgia, lumbago, thoracic disc disorder, cervical strain, lumbar strain. The stated purpose of the request for Chiro, 1x6, C/S, L/S , T/S w/ deep tissue massage was not noted. The request for Chiro, 1x6, C/S, L/S , T/S w/ deep tissue massage was denied on November 17,2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Acupuncture 1x6 was not noted. The request for Acupuncture 1x6 was denied on November 17,2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Consult with Pain Management was not noted. The request for Consult with Pain Management was denied on November 17,2014, citing a lack of documentation of medical necessity. The stated purpose of the request for TENS Unit was not noted. The request for TENS Unit was denied on November 17,2014, citing a lack of documentation of medical necessity. The stated purpose of the request for Inversion table was not noted. The request for Inversion table was denied on November 17,2014, citing a lack of documentation of participation in an active rehab program. Per the report dated October 14, 2014, the treating physician noted neck and back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro, 1x6, C/S, L/S , T/S w/ deep tissue massage:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The requested Chiro, 1x6, C/S, L/S , T/S w/ deep tissue massage, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has neck and back pain. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, Chiro, 1x6, C/S, L/S , T/S w/ deep tissue massage is not medically necessary.

**Acupuncture 1x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The requested Acupuncture 1x6, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has neck and back pain. The treating physician has not documented objective evidence of functional improvement. The criteria noted above not having been met, Acupuncture 1x6 is not medically necessary.

**Consult with Pain Management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 Independent Medical Examinations and Consultations , page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** The requested Consult with Pain Management, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has neck and back pain.

The treating physician has not documented the specific indication for this consult. The criteria noted above not having been met, Consult with Pain Management is not medically necessary.

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute LLC; Corpus Christi, TX ; [www.odg-twc.com](http://www.odg-twc.com); Section : Neck and Upper Back (Acute and Chronic) (updated 08/04/2014)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The requested TENS Unit, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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." The injured worker has neck and back pain. The treating physician has not documented a current rehabilitation program, nor functional benefit from electrical stimulation under the supervision of a licensed physical therapist. The criteria noted above not having been met, TENS Unit is not medically necessary.

**Inversion table:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; [www.odg-twc.com](http://www.odg-twc.com); Section : Neck and Upper Back (Acute & Chronic) (updated 08/04/2014)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Neck and Upper Back (Acute & Chronic).

**Decision rationale:** The requested Inversion table, is not medically necessary. ODG -TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic) recommend this treatment as part of an active rehab program. The injured worker has neck and back pain. The treating physician has not documented participation in an active rehab program or home exercise program. The criteria noted above not having been met, Inversion table is not medically necessary.