

Case Number:	CM14-0210172		
Date Assigned:	12/23/2014	Date of Injury:	04/16/2013
Decision Date:	03/16/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female who sustained an industrial injury on 04/16/2013. She states she had just finished mopping and was in the process of throwing out the water from the bucket. She struck her right knee with the wringer. She lost her balance and fell hitting her back on a metal sink. She states she was not able to get up due to pain. She had a burning sensation in the low back and right knee. The diagnoses have included axial low back pain secondary to a lumbar 1 compression deformity greater than 50% with a small amount of retropulsion into the central canal. She has a medical history of non-insulin dependent diabetes. Treatment to date has included referral to a spine surgeon, physical therapy, medications and home exercise program. She also found the TENS unit to be helpful while in therapy. Currently the IW complains of constant low back pain. The provider notes the injured worker (IW) continues to have pain that might be myofascial in origin. Physical exam showed positive twitch response with referred pain. Normal sensation and motor strength was noted in the lower extremities. She was to remain off work. On 12/15/2014 utilization review non-certified the request for TENS unit home trial times one month noting TENS may be indicated if there is evidence that other appropriate pain modalities have been tried and failed. In this case the submitted documentation does not reflect the presence/absence of current objective evidence to support the current request. MTUS Guidelines was cited. Chiropractic visits for low back, quantity of 8 was also non-certified noting the evidence does not reflect any significant event that has led to flare up of symptoms that was initially unresponsive to home exercise program and medications. Given the totality of these factors, the medical necessity of chiropractic visits

for low back is not established. MTUS Guidelines was cited. On 12/15/2014 the injured worker submitted an application for IMR for review of the request for TENS unit home trial times one month and chiropractic visits for low back quantity of 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit home trial x 1 month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: The patient presents with complains of mid to lower back pain. The request is for TENS UNIT HOME TRIAL X 1 MONTH. Patient's diagnosis include sympathetic lumbar facet syndrome and L1 compression fracture. Patient has completed 10 sessions of physical therapy but has ongoing myofascial pain and spasm, per 01/19/15 progress report. Per 01/19/15 progress report, patient is to remain off work. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit 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 and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. Per progress report dated 01/19/15, treater states that the patient has previously trialed a TENS while in physical therapy and benefited from it and noted a decrease in her symptoms. However, MTUS requires documentation of one month prior to dispensing home units, as an adjunct to other treatment modalities, with a functional restoration approach. Furthermore patient does not present with an indication for TENS unit. MTUS supports units for neuropathic pain, spasticity, MS, phantom pain and others: but not mid and low back pain. Therefore, the request IS NOT medically necessary.

Chiropractic visits for low back, QTY: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Manual therapy & manipulation Page(s): 8-9, 58-59.

Decision rationale: The patient presents with mid to lower back pain. The request is for CHIROPRACTIC VISITS FOR THE LOW BACK, QTY: 8. Patient's diagnosis include sympathetic lumbar facet syndrome and L1 compression fracture. Patient has completed 10 sessions of physical therapy but has ongoing myofascial pain and spasm, per 0/19/15 progress report. Per 01/19/15 progress report, patient is to remain off work. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater states in 01/19/15 progress report that the patient has never previously trialed chiropractic care. It has been documented that patient failed physical therapy. Given the patient's diagnosis, a short course of 6 sessions would be reasonable. However, the request for 8 sessions exceeds guideline indications. Therefore, the request IS NOT medically necessary.