

<b>Case Number:</b>	CM15-0006251		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	10/22/1994
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 74 year old male sustained an industrial injury on 10/22/94 with injuries to the trunk. The injured worker complained of ongoing back pain. No recent magnetic resonance imaging reports were within the documentation submitted for review. In a PR-2 dated 12/1/14, the injured worker complained of constant low back pain that increased with prolonged positioning or walking for over 15 minutes as well as intermittent neck pain. The physician noted that the lumbar pain could reach 7/10 on the visual analog scale. The neck pain was rated at 2-5/10. The injured worker was diagnosed with lumbar and cervical sprain/strain. Work status was retired. The treatment plan included obtaining a baseline functional capacity evaluation, obtaining urine drug testing, 12 sessions of chiropractic therapy and a TENS unit. On 12/15/14, Utilization Review noncertified requests for TENS unit purchase and functional capacity evaluation. Utilization Review modified a request for chiropractic treatment (cervical and lumbar) qty: 12 to chiropractic treatment (cervical and lumbar) qty: 8. Utilization Review cited CA MTUS Chronic Pain Medical Treatment Guidelines, ODG guidelines and ACOEM guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment (cervical and lumbar) qty: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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

**Decision rationale:** MTUS Guidelines are very specific regarding the recommended utilization of manual therapy (chiropractic). The Guidelines recommend a maximum trial of 6 sessions to evaluate for objective benefits. The request for 12 sessions significantly exceeds the Guideline recommendations on a trial basis and there are no exceptional circumstances to justify this. The request for Chiropractic treatment qty 12 is not consistent with Guidelines and is not medically necessary.

**TENS unit purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy. Page(s): 115, 116.

**Decision rationale:** The MTUS Guidelines are very specific in stating that prior to the purchase and long term use of a TENS unit there should be a successful 30 day trial of a rental unit. The Guidelines have standards of what is considered a successful trial. There is no evidence that a 30 day trial has been successfully completed. Under these circumstances the TENS unit purchase is not consistent with Guidelines and is not medically necessary.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Chapter 7, page 137-138

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitness for duty ACOEM 2nd ed. Chapter 7, Independent Medical Evaluations

**Decision rationale:** MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made

available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.