

Case Number:	CM15-0007009		
Date Assigned:	01/26/2015	Date of Injury:	04/09/2014
Decision Date:	03/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/13/2015

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: 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 64 year old male, who sustained an industrial injury on 4/9/14. He has reported pain in the neck and shoulders. The diagnoses have included cervical degenerative disc disease and cervical radicular syndrome. Treatment to date has included diagnostic studies, physical therapy and oral medications. As of the PR2 dated 11/20/14, the injured worker reported improvement with the TENs unit used in physical therapy. The treating physician is requesting a home TENs unit x 30 days rental and chiropractic treatments 2x week for 3 weeks. There is multiple physical therapy notes included in the case file. On 12/12/14 Utilization Review non-certified a request for a home TENs unit x 30 days rental and chiropractic treatments 2x week for 3 weeks, the UR physician cited the MTUS guidelines for chronic pain medical treatments and ODG guidelines. On 1/6/15, the injured worker submitted an application for IMR for review of a home TENs unit x 30 days rental and chiropractic treatments 2x week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) home TENS unit x 30 days rental: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: The 12/12/14 Utilization Review letter states the TENS rental requested on the 11/20/14 medical report because there were no objective findings. The 11/20/14 orthopedic report states the patient had been attending PT and had cervical traction and TENS at physical therapy that were beneficial. The diagnoses included: degenerative cervical disc disease and cervical radicular syndrome. The treatment plan included a trial of home TENS, 30-day; chiropractic care x6 and a home traction unit. The prior report is dated 10/2/14 and notes the patient completed 6 PT sessions and had some improvement with pain and was able to decrease Norco usage. MTUS Chronic Pain Medical Treatment Guidelines, pg 114-121, Criteria for the use of TENS states 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. The patient had 6 sessions of PT, and was reported to have used TENS in therapy. The physician notes the patient had decreased pain levels and was able to reduce the use of Norco with the therapy provided. The MTUS guidelines allow for a 1-month trial of TENS. The request for One Home TENS unit x30 day rental IS medically necessary.

6 chiropractic treatments (2x3 weeks) for the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The 12/12/14 Utilization Review letter states the chiropractic care requested on the 11/20/14 medical report because there were no objective findings and the reviewer does not see why chiropractic care is needed since PT was sufficient. The 11/20/14 orthopedic report states the patient had been attending PT and had cervical traction and TENS at physical therapy that was beneficial. The diagnoses included: degenerative cervical disc disease and cervical radicular syndrome. The treatment plan included a trial of home TENS, 30-day; chiropractic care x6 and a home traction unit. The prior report is dated 10/2/14 and notes the patient completed 6 PT sessions and had some improvement with pain and was able to decrease Norco usage. The pain went from 7/10 to 5/10. There is no indication that PT was sufficient to resolve the condition or pain. The physician requested a trial of chiropractic care. MTUS Chronic Pain Medical Treatment Guidelines, page 58 sections on Manual therapy & manipulation states: Recommended for chronic pain if caused by musculoskeletal conditions. There was no discussion of the amount of visits for the neck, but for the lower back it states: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. A trial of chiropractic care appears appropriate for this patient's musculoskeletal

condition. The request for Chiropractic treatments 2x3 weeks for the cervical spine IS medically necessary.