

Case Number:	CM15-0106058		
Date Assigned:	06/10/2015	Date of Injury:	11/28/2014
Decision Date:	07/22/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/02/2015

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 50-year-old female who sustained an industrial injury on 11/28/2014 when she tripped and fell. The injured worker was diagnosed with cervical sprain/strain, bilateral shoulder sprain/strain; left thigh contusion. Treatment to date has included diagnostic testing with recent cervical spine magnetic resonance imaging (MRI) on May 8, 2015, conservative measures, physical therapy, acupuncture therapy and medications. The medical records dated May 12, 2015 and May 18, 2015 were difficult to decipher and contained minimal subjective and objective data. On April 3, 2015, the injured worker had increasing neck and lower back pain and recently started a new job. The injured worker rated her pain level at 6/10. No physical examination was documented. Current medications are listed as Naproxen and topical analgesics. Treatment plan consists of lumbar back support and the current request for a transcutaneous electrical nerve stimulation (TEN's) unit with supplies for one-month rental and chiropractic therapy three times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies x 1 month rental: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The patient presents with cervical sprain/strain radiating to bilateral upper extremities, lumbar sprain/strain radiating to bilateral lower extremities, bilateral shoulder sprain/strain, left elbow pain, and contusion of thigh, as per progress report dated 05/18/15. The request is for TENS UNIT WITH SUPPLIES X 1 MONTH RENTAL. There is no RFA for this case, and the patient's date of injury is 11/28/14. The patient has been allowed to return to modified work, as per progress report dated 05/12/15. 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, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." In addition, the recommended trial period is for only 30 days. In this case, several progress reports are handwritten and not very legible. A request for TENS unit, one month rental, is noted in progress report dated 05/12/15. The Utilization Review has denied the request because "this patient was starting treatment with medications and chiropractic therapy," and has not failed first-line treatments yet. However, according to progress report dated 05/12/15, the patient continues to suffer from chronic pain in spite of medications and other conservative treatments including physical therapy and acupuncture. A trial of TENS unit, therefore, appears reasonable. Hence, the request for one-month rental IS medically necessary.

Chiropractic therapy 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

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

Decision rationale: The patient presents with cervical sprain/strain radiating to bilateral upper extremities, lumbar sprain/strain radiating to bilateral lower extremities, bilateral shoulder sprain/strain, left elbow pain, and contusion of thigh, as per progress report dated 05/18/15. The request is for CHIROPRACTIC THERAPY 3 X 4. There is no RFA for this case, and the patient's date of injury is 11/28/14. The patient has been allowed to return to modified work, as per progress report dated 05/12/15. 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. In this case, several progress reports are handwritten and not very clear. The request for 12 sessions of chiropractic therapy is noted in progress report dated 05/12/15. While progress report dated 06/01/15 after the UR denial date

appears to state that the patient is undergoing chiropractic therapy handwriting is not clear, the patient did not have any chiropractic therapy prior to the request, as per the available reports. The patient may benefit from this treatment modality. MTUS, however, recommends an initial trial comprising of 6 visits. Further sessions will depend on the impact of this treatment on pain and function. Hence, the treater's request for 12 visits IS NOT medically necessary.