

Case Number:	CM15-0134240		
Date Assigned:	07/22/2015	Date of Injury:	12/03/2013
Decision Date:	08/20/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/10/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 54 year old female who sustained an industrial injury on 12/3/13. Progress report dated 4/18/15 reports complaints of continued low back pain that radiates to bilateral lower extremities. She had intermittent bilateral hip weakness. The pain is sharp and burning rated 6/10 in the lower spine and 9.5/10 in bilateral SI joints. Diagnoses include: acute and chronic lumbar pain with lumbar radiculopathy, bilateral acute and chronic wrist pain and depression. Plan of care includes: renew prescriptions, physical therapy request for renewal, continue to wear back brace, request massage therapy integrated with physical therapy, request TENS unit, request continued chiropractic treatments and refer for MRI. Work status: total temporary disability. Follow up in 4 to 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage and physical therapy (quantity and strength unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 98-99.

Decision rationale: Massage therapy is recommended as an adjunct to other recommended treatment and it should be limited to 4-6 visits in most cases. Furthermore, many studies lack long-term follow-up. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial. This injured worker has chronic pain and has not had any recent surgery. The medical records do not substantiate the medical necessity of massage therapy. Additionally, Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.

Purchase of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

Decision rationale: Per the guidelines, a TENS or inferential unit is 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit is not substantiated.

Chiropractic treatment (quantity and strength unspecified): Upheld

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

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

Decision rationale: Per the guidelines, chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In this injured worker, chiropractic care has already been used as a modality. The records do not indicate that the worker is not able to return to activities or that the worker is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of chiropractic therapy.