

<b>Case Number:</b>	CM15-0143717		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	08/15/2007
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Pain Management

### 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(n) 43-year-old male, who sustained an industrial injury on 8-15-07. He reported pain in his lower back and head after being struck by a vehicle while on his bicycle. The injured worker was diagnosed as having lumbar discopathy. Treatment to date has included chiropractic treatments, a lumbar MRI on 9-9-11, an L4-L5 epidural injection on 9-21-12 with 50% relief, Naproxen, Cyclobenzaprine and Sumatriptan. As of the PR2 dated 6-8-15, the injured worker reports increasing low back pain. He rates his pain a 6 out of 10. He indicated that previous epidural injections, chiropractic care and TENS unit has helped his symptomology. Objective findings include restricted and guarded lumbar range of motion. The treating physician requested chiropractic treatment x 8 sessions to the lumbar and a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments to the lumbar spine, 8 visits:** 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 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60 of 127.

**Decision rationale:** Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.

**Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); Criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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, function, and medication use. Within the documentation available for review, there is no indication of quantified pain relief, functional improvement, and decreased medication use after a formal trial of TENS as outlined above and, unfortunately, there is no provision for modification of the current request. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.