

<b>Case Number:</b>	CM15-0148121		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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:

The injured worker is a 35 year old female, who sustained an industrial injury on 6-4-14. The injured worker has complaints of back pain. The documentation noted on 6-22-15 that the injured worker notes increased range of motion bilaterally with increased pain in-between treatment. The documentation noted leg pain with sensory loss L5 and leg weakness. The diagnoses have included lumbar sprain and strain; lumbar region and lumbar myospasm. Treatment to date has included H-wave trial; physical therapy; chiropractic treatment; medications and transcutaneous electrical nerve stimulation unit. The request was for chiropractic treatment quantity 6 and home transcutaneous electrical nerve stimulation unit trial (days) quantity 30. A total of 21 sessions of chiropractic has been completed. Prior use of a TENs unit was approved and its use was not successful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment Qty: 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60, 9, 1.

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

**Decision rationale:** MTUS Guidelines are very specific that up to 18 sessions of chiropractic manipulation are supported and ongoing manipulation is not appropriate. If return to work activities are benefited by chiropractic a few sessions every 4-6 months has long term support, but this is the only exception to the limitation of 18 sessions. This request significantly exceeds Guideline recommendation and there are no unusual circumstances to justify an exception to the Guideline recommendations. The request for additional Chiropractic treatments Qty: 6 are not supported by Guidelines and are not medically necessary.

**Home TENS unit trial (days) Qty: 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

**Decision rationale:** MTUS Guidelines are very specific regarding the recommended trial and/or long term use of TENS units. There needs to be objective evidence of use patterns, quantified pain relief, quantified functional improvements and positive impacts on other treatment i.e. diminished medication use. These standards have not been met. There has been prior trial and use of a TENS units without lasting benefits are required by the Guidelines. The request for Home TENS unit trial (days) Qty: 30.00 are not supported by Guidelines and is not medically necessary.