

Case Number:	CM15-0169893		
Date Assigned:	09/10/2015	Date of Injury:	01/21/2013
Decision Date:	10/30/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, Michigan

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 65 year old female who sustained an industrial injury on 1-21-13 from repetitive keyboarding. Diagnoses include left wrist sprain; right carpal tunnel syndrome, status post carpal tunnel release (10-15-14); neck sprain. She currently has completed six chiropractic sessions and is requesting six more as she had a flare up of upper extremity pain, right hand residual pain, swelling and tingling, left shoulder soreness. Her pain level without medication was 8 out of 10 and 5 out of 10 with medication. She is able to perform activities of daily living with pain medications but is unable to use her right hand for any self-care activity. On physical exam, there was increased tenderness with palpation of bilateral forearm and wrists with slight swelling and positive Phalen right side; increased left tenderness and spasm of the cervical and trapezius muscles with decreased range of motion. Treatments included medications: gabapentin, Lidocaine patches, miseflex, Theramine, naproxen, cyclobenzaprine, Terocin patch, Lyrica, Prilosec, fenniprofen; chiropractic treatments with increased pain with therapy causing a flare up and requests another facility for treatment. In the progress note dated 8-17-15 the treating provider's plan of care included a request for 6 additional sessions of chiropractic care due to a flare up of neck sprain at a different facility. The request for authorization dated 8-19-15 requests 6 sessions of chiropractic treatment. The utilization review dated 8-21-15 non-certified the requests for six additional chiropractic sessions; additional chiropractic sessions (ultrasound); additional chiropractic sessions (Spinolator); transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Per the MTUS, transcutaneous electrotherapy 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. The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. 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. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records did not reveal a one-month trial with the appropriate documentation as recommended by the MTUS and without this information, medical necessity is not established. Therefore the request for TENS unit # 1 is not medically necessary.

Additional Chiropractic Treatment (Ultrasound) # 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per the MTUS chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups, need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. However a review of the injured workers medical records available for my

review do not reveal documentation of improvement in pain or function with the use of prior therapy, without this information it is not possible to establish medical necessity for additional therapy. Therefore, the request for additional chiropractic treatment is not medically necessary.

Additional Chiropractic Treatment (Spinolator) # 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per the MTUS chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care, not medically necessary. Recurrences/flare-ups, Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. However, a review of the injured workers medical records available for my review do not reveal documentation of improvement in pain or function with the use of prior therapy, without this information it is not possible to establish medical necessity for additional therapy. Therefore, the request for additional chiropractic treatment is not medically necessary.

Additional Chiropractic Treatment # 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per the MTUS chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care, Not medically necessary. Recurrences/flare-ups, Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. However a review of the injured workers medical records available for my

review do not reveal documentation of improvement in pain or function with the use of prior therapy, without this information it is not possible to establish medical necessity for additional therapy. Therefore, the request for additional chiropractic treatment is not medically necessary.