

<b>Case Number:</b>	CM15-0021330		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	11/18/2002
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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 63 year old male, who sustained an industrial injury on 11/18/2002 and 10/28/2002. The diagnoses have included lumbar spine herniated nucleus pulposus, low back pain, and lumbar radiculopathy. Noted treatments to date have included physical therapy, lumbar epidural injections, chiropractic treatment, and medications. No MRI report noted in received medical records. In a progress note dated 12/12/2014, the injured worker presented with complaints of burning, radicular low back pain, and muscle spasms. The treating physician reported the injured worker's symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have a restful sleep, to continue the course of chiropractic treatment for the lumbar spine in a frequency of 3 times per week for a period of 6 weeks, and a TENS (Transcutaneous Electrical Nerve Stimulation) Unit is requested. Utilization Review determination on 01/02/2015 non-certified the request for 18 sessions of chiropractic treatment manipulation for the lumbar spine and 1 TENS (Transcutaneous Electrical Nerve Stimulation) Unit citing Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation of the lumbar spine; 18 sessions: 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 Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

**Decision rationale:** MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from previous chiropractic treatment already rendered. Clinical exam remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received an extensive conservative treatment trial; however, remains not working without functional restoration approach. The Chiropractic manipulation of the lumbar spine; 18 sessions is not medically necessary and appropriate.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS unit is not medically necessary and appropriate.