

Case Number:	CM15-0030093		
Date Assigned:	02/23/2015	Date of Injury:	04/17/2009
Decision Date:	04/21/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/18/2015

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:

This 60-year-old woman sustained an industrial injury on 4/17/2009. The mechanism of injury is not detailed. Current diagnoses include orthopedic overuse injury of the bilateral shoulders and wrists, gastris medicamentosa. Physician notes on a PR-2 dated 10/24/2014 show complaints of bilateral shoulder pain. Recommendations include chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for Cervical spine: Upheld

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

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

Decision rationale: The most recent report provided is by [REDACTED] dated 11/12/14, which states that the patient presents with an ulcer s/p gastroscopy along with listed diagnoses that include Orthopedic overuse injury, right shoulder both wrists. The only other medical report provided is

the Progress report by [REDACTED] of 10/24/14. The report is handwritten, mostly illegible, and very difficult to interpret. It provides a listed diagnosis of "C/s hnp." No legible subjective or objective findings for the cervical spine are provided. The current request is for TENS UNIT FOR CERVICAL SPINE. The RFA is not included. The 02/05/15 utilization review states the RFA is dated 01/29/15. The report does not state if the patient is currently working. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) (p114-116) states, "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, for the conditions described below. MTUS further states use is for neuropathic pain." The treating physician does not discuss this request in the reports provided. Presumably, the currently requested TENS unit is for neuropathic pain; however, this is not clearly stated. The request does not state if use of this unit is for rental or purchase. If for rental, the time of the rental is indeterminate. If for purchase, no evidence is provided of a successful one-month trial of TENS as required by the MTUS guidelines. In this case, the request IS NOT medically necessary.

Acupuncture 2 x 6 weeks of the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The most recent report provided is by [REDACTED] dated 11/12/14 which states that the patient presents with an ulcer s/p gastroscopy along with listed diagnoses that include Orthopedic overuse injury, right shoulder both wrists. The only other medical report provided is the Progress report by [REDACTED] of 10/24/14. The report is handwritten, mostly illegible, and very difficult to interpret. The current request is for: ACUPUNCTURE 2 X 6 WEEKS OF THE NECK. The RFA is not included. The 02/05/15 utilization review states the RFA is dated 01/29/15. The report does not state if the patient is currently working. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The reports provided for review do not discuss this request. Only the listed diagnosis of "C/s hnp" is provided from the 10/24/14 report without supporting objective and/or subjective findings. Furthermore, it is unknown if this is an initial treatment or continuing treatment. If this is a trial, the MTUS guidelines allow a trial of 3-6 treatments and this request is for 12 sessions. If this request is for additional treatment, no evidence of functional improvement is provided. Therefore, the request IS NOT medically necessary.

Chiropractic 2 x 6 weeks of the neck: 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 Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The most recent report provided is by [REDACTED] Dated 11/12/14 which states that the patient presents with an ulcer s/p gastroscopy along with listed diagnoses that include Orthopedic overuse injury, right shoulder both wrists. The only other medical report provided is the Progress report by [REDACTED] of 10/24/14. The report is handwritten, mostly illegible, and very difficult to interpret. The current request is for CHIROPRACTIC 2X6 WEEKS OF THE NECK. The RFA is not included. The 02/05/15 utilization review states the RFA is dated 01/29/15. The report does not state if the patient is currently working. Regarding Chiropractic, MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. The reports provided for review do not discuss this request. Only the listed diagnosis of "C/s hnp" is provided from the 10/24/14 report without supporting subjective and/or objective findings. Lacking a clear statement of the need for the current request, it IS NOT medically necessary.