

Case Number:	CM15-0033356		
Date Assigned:	02/26/2015	Date of Injury:	10/03/2013
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 61 year old female, who sustained an industrial injury on 10/3/13. On 2/23/15, the injured worker submitted an application for IMR for review of Chiropractic Therapy, quantity 6, and TENS Unit for use, quantity 1, and Heating Pad for home use, quantity 1. The treating provider has reported the injured worker complained of back pain that varies in intensity. The diagnoses have included lumbar strain; degenerative disc disease lumbar/lumbosacral. Treatment to date has included MRI lumbar spine without contrast (6/9/14); medications. On 1/22/15 Utilization Review non-certified Chiropractic Therapy, quantity 6, and TENS Unit for use, quantity 1, and Heating Pad for home use, quantity 1. The ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy, quantity 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Therapeutic Care.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic treatment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic sessions #6 are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are severe discogenic disease with scoliosis at L1 - L2 to an L2 - L3; minimal spondylolisthesis at L1 - L2; right-sided broad-based osteophyte bulge and small extruded complement and L2 - L3 that causes minimal displacement of the intrathecal right L2 nerve root; and lower lumbar spine facet arthropathy bilaterally L4 - L5 and L5 - S1. The medical record contains 57 pages. There are two progress notes in the medical record. One is dated June 7, 2014 and the other is dated December 31, 2014. The June 7, 2014 progress note shows the treating physician requested chiropractic treatment 1 to 2 times per week times six weeks (for a maximum total of 12 sessions). There is no additional documentation showing the outcome of the chiropractic treatment. There was no documentation indicating objective functional improvement. The guidelines recommend a trial of six visits over two weeks. With evidence of objective functional improvement up to 18 visits may be indicated. There is no subsequent documentation with evidence of objective functional improvement. Consequently, absent clinical documentation with evidence of objective functional improvement from prior chiropractic treatment, (additional) chiropractic sessions #6 are not medically necessary.

TENS Unit for use, quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working

diagnoses are severe discogenic disease with scoliosis at L1 - L2 to an L2 - L3; minimal spondylolisthesis at L1 - L2; right-sided broad-based osteophyte bulge and small extruded complement and L2 - L3 that causes minimal displacement of the intrathecal right L2 nerve root; and lower lumbar spine facet arthropathy bilaterally L4 - L5 and L5 - S1. The medical record contains 57 pages. There are two progress notes in the medical record. One is dated June 7, 2014 and the other is dated December 31, 2014. Documentation from a December 31, 2014 progress note does not show a prior TENS trial. The documentation did not indicate an anatomical region for its application. There were no short and long-term goals submitted for TENS use. Consequently, absent clinical documentation mean the criteria for TENS use with a one-month clinical trial, TENS unit is not medically necessary.

Heating Pad for home use, quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Heat/cold pads.

Decision rationale: Pursuant to the Official Disability Guidelines, heating pad home use #1 is not medically necessary. Heat/cold applications are recommended. Insufficient testing exists to determine the effectiveness if any of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects local applications of cold packs may be applied during the first few days of symptoms followed by application of heat packs to suit the patient. In this case, the injured worker's working diagnoses are severe discogenic disease with scoliosis at L1 - L2 to an L2 - L3; minimal spondylolisthesis at L1 - L2; right-sided broad-based osteophyte bulge and small extruded complement and L2 - L3 that causes minimal displacement of the intrathecal right L2 nerve root; and lower lumbar spine facet arthropathy bilaterally L4 - L5 and L5 - S1. The medical record contains 57 pages. There are two progress notes in the medical record. One is dated June 7, 2014 and the other is dated December 31, 2014. The documentation does not contain a specific clinical indication or rationale for the application of a heating pad. The guidelines state home applications of heat packs are as effective as commercial heating pads. Consequently, absent compelling clinical documentation to support the use of a heating pad for home use, heating pad home use #1 is not medically necessary.