

<b>Case Number:</b>	CM15-0035581		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	01/31/2007
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 55-year-old male, who sustained a work/ industrial injury on 1/31/07 at a lawn service as a driver/laborer when he had a crushing injury to the right hand when it was crushed between two trucks, the first of which rolled backwards slowly after the emergency break failed. Additionally, the injured worker (IW) developed a disc protrusion when doing the Magnetic Resonance Imaging (MRI) for the right hand in an awkward position. He has reported symptoms of persistent pain, stiffness, and weakness in the right hand. Prior medical history was not provided in the documentation. The diagnoses have included carpal tunnel syndrome, brachial neuritis, and radiculitis. Treatments to date included physical therapy, chiropractic care, and oral/topical medication. Medications included Ibuprofen and Omeprazole. The treating physician's report (PR-2) from 1/8/15 noted the IW had 4-5/10 pain in the right hand and 8/10 in the left neck and upper back. An epidural was effective for relieving the neck pain months ago. Examination demonstrated decreased range of motion. A request was made for trial of chiropractic care to reduce spasms and soreness in the cervical spine along with a Transcutaneous Electrical Nerve Stimulation (TENS) unit. On 1/24/15, Utilization Review non-certified a Chiropractic manipulation, cervical spine, 6 sessions, noting the Non (MTUS) Guidelines: Official Disability Guidelines, Treatment Index, 13th edition 9web), 2015, Neck & Upper Back chapter, Manipulation. On 1/24/15, Utilization Review non-certified TENS (Transcutaneous electrical nerve stimulation) Unit (dispensed), noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Chiropractic manipulation, cervical spine, 6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th edition 9web), 2015, Neck & Upper Back chapter, Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

**Decision rationale:** The patient was injured on 01/31/07 and presents with pain in his right hand, left neck, and upper back. The request is for chiropractic manipulation cervical spine, 6 sessions. The RFA is dated 01/08/15 and the patient is disabled. The 01/08/15 report states that prior chiropractic sessions have "helped to reduce chronic spasm and soreness in the past of the neck and upper back." MTUS Guidelines pages 58-59 allow up to 18 sessions of treatment following initial trial of 3 to 6 if functional improvements can be documented. In this case, there is no documentation of any recent surgery and it appears that the patient has had prior chiropractic care. MTUS Guidelines "allow up to 18 sessions of treatment following initial trial of 3-6 sessions". Review of the reports does not indicate how many total sessions of chiropractic care the patient had and no discussion of functional improvement with the prior chiropractic care. An additional 6 sessions of chiropractic therapy may exceed the total number of sessions MTUS allows. Therefore, the requested chiropractic manipulation is not medically necessary.

### **TENS (transcutaneous electrical nerve stimulation) Unit (dispensed):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** The patient was injured on 01/31/07 and presents with pain in his right hand, left neck, and upper back. The request is for TENS unit (dispensed). The RFA is dated 01/15/15 and the patient is disabled. The 01/15/15 report states that the patient had a "successful TENS unit trial #1 on upper back for 15 minutes- patient tolerated well, pain decreased to 4/10, muscles more relaxed and increased ROM. Patient educational materials given and demonstrated to patient." Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial maybe considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. Although the patient has previously used the TENS unit, there is no indication of how long the patient used this unit for. There is no evidence of a 1-month trial as indicated by MTUS guidelines. Furthermore, the patient is diagnosed with cervical radiculitis, cervical spine

sprain/strain, and lumbar spine sprain/strain. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Therefore, the requested TENS unit is not medically necessary.