

Case Number:	CM15-0038116		
Date Assigned:	03/06/2015	Date of Injury:	11/27/2012
Decision Date:	04/17/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/28/2015

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: 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 37-year-old male, who sustained an industrial injury on 11/27/2012. The diagnoses have included lumbar sprains and strains of other specified sites of shoulder and upper arm. Treatment to date has included conservative measures. Currently, the injured worker complains of pain in the right shoulder, rated 6/10, pain in the left shoulder, rated 4/10, pain in the lumbar area, rated 5/10, and pain in the left hip, rated 4/10. Magnetic resonance arthrogram of the right shoulder, dated 2/19/2015, noted tendinopathy of the supraspinatus tendon of the right shoulder. Physical exam noted tenderness to palpation to the bilateral shoulders and lumbar spine. Right shoulder strength was 4/5. Patrick's sign was positive. Magnetic resonance imaging of the right shoulder (1/31/2013) was documented as showing subacromial bursitis, with supraspinatus tendinosis and reactive peritendinitis. Magnetic resonance imaging of the left shoulder (1/31/2013) was documented as showing mild amount of fluid in the subacromial bursa, compatible with subacromial bursitis, associated with tendinosis and reactive peritendinitis. Magnetic resonance imaging of the thoracic spine (1/31/2013) was documented as negative. Magnetic resonance imaging of the cervical spine (5/28/2013) was documented as showing mild bilateral neural foraminal narrowing at C4-C5, mild canal stenosis and moderate left and mild right neural foraminal narrowing at C5-C6, and minimal effacement of the anterior thecal sac at C6-C7. Magnetic resonance arthrogram of the left upper extremity (6/07/2013) was documented as showing low grade bursal fraying of the mid/posterior supraspinatus tendon at the footprint on a background of mild tendinosis, low grade intrasubstance partial thickness tearing of the infraspinatus anterior tendon fibers at the footprint, and no labral tear or acute osseous

abnormality. Medications included anti-inflammatories. On 2/04/2015, Utilization Review issued a decision regarding the requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times 3 weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59, 114-116.

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

Decision rationale: The patient presents with pain and weakness in his neck, shoulder, lower back and upper/lower extremities. The request is for 6 Sessions Of Chiropractic Treatment For The Low Back. MRI of the lumbar spine reveals minimal effacement of anterior thecal sac at L2-3, L4-5 and mild bilateral facet arthropathy at L4-5, L5-S1. The patient returns to full duty on 02/23/15. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, it is recommended as an option. For therapeutic care, "A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks is allowed." In this case, the patient has had 6 sessions of chiropractic treatment in the past. None of the reports discuss how the patient has responded to the treatment. The provider requested, "chiropractic treatment for symptomatic pain relief and functional improvement." Without documentation of functional improvement additional chiropractic treatments are not supported by the MTUS. The request is not medically necessary.

Home transcutaneous electrical nerve stimulation (TENS) unit for purchase (for symptomatic pain): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic 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 presents with pain and weakness in his neck, shoulder, lower back and upper/lower extremities. The request is for Home Transcutaneous Electrical Nerve Stimulation (TENS) Unit for Purchase for Symptomatic Pain. The patient returns to full duty on 02/23/15. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the provider, "requested a home TENS unit to aid in pain relief and range

of motion." The review of the reports does not show a one-month home trial as required by MTUS. There is no documentation showing how TENS was used and with what effectiveness. MTUS requires documentation of one-month use and efficacy before a TENS unit is allowed for a home use. Given the lack of documentation, the request is not medically necessary.