

Case Number:	CM15-0048016		
Date Assigned:	03/20/2015	Date of Injury:	09/07/2014
Decision Date:	05/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/13/2015

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, Pain Management

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 53 year old female, who sustained an industrial injury on 9/7/2014. She has reported injury to the back and left hand. The diagnoses have included lumbar spine strain with bilateral radiculitis, thoracic strain, and resolved left hand strain. Treatment to date has included medication therapy, physical therapy, and splinting and back brace. Currently, the IW complains of back pain rated 3-8/10 VAS associated with stiffness that radiates to left lower extremity. There was no left hand/thumb pain. The physical examination from 11/4/2014 documented mild tenderness to palpation of bilateral thoracic paravertebral muscles at T6-T12 and tenderness to palpation of left lumbar region at L3. The plan of care included chiropractic therapy, a home Transcutaneous Electrical Nerve Stimulation (TENS) unit trial, and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 6 weeks for the thoracic and lumbar spine:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60 of 127.

Decision rationale: Regarding the request for chiropractic treatment 2 times a week for 6 weeks for the thoracic and lumbar spine, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 12 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. In the absence of clarity regarding the above issues, the currently requested chiropractic treatment 2 times a week for 6 weeks for the thoracic and lumbar spine is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) electrical muscle stimulation (EMS) one month home based: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no documentation of any specific objective functional deficits which a TENS unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

Solar care Far-infrared (FIR) heating system purchase: 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) Low Back Chapter-Heat therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 57 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Low Level Laser Therapy, Low Back Chapter, Cold/Heat Packs.

Decision rationale: Regarding the request for a Solar care Far-infrared (FIR) heating system purchase, Chronic Pain Medical Treatment guidelines state that low level laser therapy such as red beam or near infrared therapy is not recommended. Guidelines indicate that there is insufficient evidence to support the use of this modality in the treatment of chronic pain. Regarding heat therapy, Occupational Medicine Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, there is no indication that the patient has acute pain. Additionally, it is unclear what program of functional restoration the patient is currently participating in which would be used alongside the currently requested heat therapy. Additionally, no peer-reviewed scientific literature has been provided which would overrule the guidelines recommendations which do not support infrared treatment. As such, the currently requested Solar care Far-infrared (FIR) heating system purchase is not medically necessary.

Trigger point injection for the thoracic and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for trigger point injections for the thoracic and cervical spine, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. In the absence of such documentation, the requested trigger point injections for the thoracic and cervical spine are not medically necessary.