

Case Number:	CM15-0054273		
Date Assigned:	03/27/2015	Date of Injury:	12/31/1992
Decision Date:	05/14/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/23/2015

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, Arizona
 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 51 year old female who sustained an industrial injury on 12/31/1992. Her diagnoses, and/or impressions, include: total body pain; bilateral shoulder, upper arm, wrists, hand, knee, ankle and foot sprain/strain; chronic pain syndrome; prescription Norco dependence; lumbar radiculopathy; cervical sprain/strain; myofascial syndrome; tension headaches; and insomnia, anxiety and depression related to chronic pain. No current magnetic resonance imaging studies are noted. Her treatments have included "ACL" brace, physical therapy, and long-term medication management. The physician's notes of 2/25/2015 report complaints of bilateral knee, ankle, wrist and hip pain, and radiating neck pain into the bilateral shoulders and upper arms; improved on medication. The requested treatments included the purchase of a transcutaneous electrical stimulation unit; Chiropractic treatments for the cervical spine; magnetic resonance imaging of the cervical spine; and a one-time psychological consultation for clearance to receive a pain pump trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. A one-month trial period of the TENS unit 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; rental would be preferred over purchase during this trial. Additionally, other ongoing pain treatment should also be documented during the trial period including medication usage. There should be documentation of a treatment plan including the specific short-and long-term goals of treatment with the TENS unit should be submitted. The clinical documentation submitted for review failed to provide documentation the injured worker had a trial and failure of other pain modalities. There was a lack of documentation of exceptional factors. There was a lack of documentation of a treatment plan, including specific short and long term goals of the treatment plan with the TENS unit. Given the above, the request for TENS unit, for purchase is not medically necessary.

Chiro 2 x 3 cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Manipulation - Neck and Upper back chapter, Chiropractic guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review failed to provide documentation of a new injury. There was a lack of documentation of the prior conservative care that was utilized. The documentation indicated the request was made for a short course of chiropractic care to decrease cervical spine symptoms. However, as the prior treatments had not been provided and the injured worker's injury is more than 20 years old, this request would not be supported. Given the above, the request for chiro 2 x 3 cervical

spine is not medically necessary. Additionally, there was a lack of documentation of exceptional factors.

MRI cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM practice guidelines premium, Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is appropriate for patients who have a significant change in objective findings upon physical examination or a significant change in symptomatology. The clinical documentation submitted for review indicated the injured worker's prior MRI was 2 years before the request. There was a lack of documentation of a significant change in symptoms or objective findings. Given the above, the request for MRI cervical is not medically necessary.

Psych consult for clearance for a pain pump trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimulators) Page(s): 101.

Decision rationale: Recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. The California Medical Treatment Utilization Schedule Guidelines recommend psychological evaluations prior to spinal cord stimulator trials. Spinal cord stimulator is recommended when less invasive procedures have failed or are contraindicated. They are utilized for failed back surgery syndrome and complex regional pain syndrome. There was a lack of documentation indicating the injured worker had failed all less invasive procedures. As such, a psych consult would not be necessary. Given the above, the request for psych consult for clearance for a pain pump trial is not medically necessary.