

Case Number:	CM15-0084170		
Date Assigned:	05/06/2015	Date of Injury:	04/17/2009
Decision Date:	06/18/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/01/2015

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: Family Practice

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 April 17, 2009. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical spine herniated nucleus pulposus, right shoulder impingement, and lateral epicondylitis. Diagnostic studies to date have included an MRI of the cervical spine performed on December 23, 2014, which revealed mild degenerative changes of cervical 4-7. Treatment to date has included chiropractic therapy, topical pain medication, and muscle relaxant medication. The injured worker underwent chiropractic therapy with myofascial release, electrical muscle stimulation, laser, exercises/stretches, and ice/heat. On February 23, 2015, the injured worker complains of continued pain and spasms without change. The physical exam of the cervical spine revealed a positive Spurling's, decreased sensation, tenderness to palpation at cervical 5-6, weakness of the right upper extremity, and trapezius spasm. The injured worker had decreased activities of daily living, increased pain, and increased spasm. The treatment plan includes 12 visits of acupuncture, 12 visits of chiropractic therapy, and a transcutaneous electrical nerve stimulation (TENS) unit for the cervical spine. The injured worker was to remain off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 13.

Decision rationale: This patient receives treatment for chronic pain involving the neck, right shoulder, and the elbow. The patient had a work-related injury on 04/17/2009. The medical diagnoses include cervical disc disease, impingement disorder of the right shoulder, and lateral epicondylitis. This patient was treated with acupuncture previously. The documentation does not show that there was functional improvement as a result of these sessions. The treatment guidelines recommend that acupuncture be considered as an adjunct to the treatment plan when the patient is receiving physical rehab and/or a surgical intervention. The documentation does not state either. Additional acupuncture is not medically necessary.

Chiro 2x6 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: This patient receives treatment for chronic pain involving the neck, right shoulder, and the elbow. The patient had a work-related injury on 04/17/2009. The medical diagnoses include cervical disc disease, impingement disorder of the right shoulder, and lateral epicondylitis. The patient received chiropractic treatment previously. The documentation does not state that the patient achieved functional improvement as a result. The treatment guidelines state that the treatment goal of manipulation is to reduce pain and create a functional improvement. These two outcomes have not been documented. Additional chiropractic is not medically necessary.

TENS unit for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

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

Decision rationale: This patient receives treatment for chronic pain involving the neck, right shoulder, and the elbow. The patient had a work-related injury on 04/17/2009. The medical diagnoses include cervical disc disease, impingement disorder of the right shoulder, and lateral epicondylitis. TENS may be medically indicated to treat some cases of chronic pain, as long as it

is not the primary method of treatment and there is evidence of a one month trial of the TENS unit which shows benefit. TENS is not recommended for all types of chronic pain. TENS has been found to be useful for some cases of CRPS II, neuropathic pain, multiple sclerosis, spasticity from injuries of the spinal cord, and phantom limb pain. The documentation must show evidence that the trial of the TENS unit resulted in functional improvement. This means a clinically significant improvement in the activities of daily living, a decrease in work restrictions, and a decrease in dependency on continued medical management, including requests for analgesia. This clinical data should be objective, quantifiable, and stated in the history and physical exam portion of the medical documentation. The treating physician's treatment plan needs to include the short-term and long-term treatment goals of the TENS unit. The documentation presented does not meet these requirements. TENS is not medically necessary.