

Case Number:	CM15-0089901		
Date Assigned:	05/14/2015	Date of Injury:	11/15/2013
Decision Date:	06/22/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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: Preventive Medicine, Occupational Medicine

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 45-year-old male, who sustained an industrial injury on 11/15/13. He reported low back pain while lifting boxes. The injured worker was diagnosed as having herniated nucleus pulposus at L4-5 and L5-S1 with bilateral lower extremity sciatica. Treatment to date has included a Cortisone injection, an epidural steroid injection, physical therapy, TENS unit (NOT EFFECTIVE) and medications including Flexeril and Relafen. Currently, the injured worker complains of low back pain with radiation to the toes associated with numbness and tingling.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): Chp 3, pg 48; Chp 12 pg 300, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-27.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines, there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one-month trial of TENS to see if there is functional improvement by using this modality. However, this trial is limited to patients with neuropathic pain, chronic regional pain syndrome, phantom limb pain, spasticity, multiple sclerosis or in the first 30 days after surgery and the unit must be used in conjunction with other treatment modalities in an overall approach to functional restoration. A meta-analysis in 2007 suggested effectiveness of this modality for chronic musculoskeletal pain but random controlled studies are needed to verify this effectiveness. The MTUS lists specific criteria for use of this treatment. However, the patient has used this device in the past with no benefit being noted. Medical necessity for continued use of this device is not medically necessary.

Chiropractic treatment for the lumbar spine, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): Chp 3 pg 48-9; Chp 12 pg 298-300, 306, 308, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Multiple studies have shown that manipulation is an effective therapy in acute and chronic spinal conditions. Manipulation is a passive treatment. Its use in chronic conditions, as required by the MTUS guidelines, necessitates documentation of functional improvement, that is, improvement in activities of daily living or a reduction in work restrictions. The MTUS recommends a trial of 6 visits over two weeks and, if effective, then continued therapy to a total of 18 visits. It is important to note that many studies have shown that the longer a patient has pain the less likely therapy will be effective and that manipulation effectiveness decreases over time. Additionally, chiropractic treatments, as with active therapies such as physical therapy, require fading of treatment frequency along with home, self-directed exercises. The request for chiropractic treatment for this patient was initiated during the patient's chronic pain period, that is, over 6 months after the injuries occurred. It appears to be an appropriate option in the treatment of this patient. However, since the MTUS guidelines, specifically direct initial therapy be 6 visits over two weeks, and the request for eight weeks is not supported by the California guidelines. The provider gave no specific reason to have more sessions than the guidelines recommend. Given all the above information, medical necessity for 8 sessions of chiropractic care is not medically necessary.