

Case Number:	CM14-0119124		
Date Assigned:	08/06/2014	Date of Injury:	12/20/2011
Decision Date:	09/30/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old female with a reported date of injury on 12/20/2011. The mechanism of injury was noted to be from a fall. Her diagnoses were noted to include lumbar radiculopathy and displacement of lumbar intervertebral disc without myelopathy. Her previous treatments were noted to include chiropractic treatment, physical therapy, epidural steroid injections, acupuncture, and medications. The progress note dated 07/14/2014 revealed complaints of pain to the left wrist and low back that radiated to the left hip, thigh, and leg, with associated numbness, tingling, and weakness, rated 6/10. The injured worker indicated she received no pain relief with physical therapy, injections or acupuncture, and moderate relief with physical therapy/chiropractic manipulations. The physical examination revealed motor strength was 5/5, and she was able to squat 80%, forward flex to 75 degrees, and extend to 20 degrees. There was tenderness over the lumbar spine between L1 and L5 bilaterally, with a positive straight leg raise, as well as a positive Lasegue's, with reproduction of her pain from the lower back that radiated to her left lower extremity. There was decreased sensation noted over the left L5 and S1 dermatome. The Request for Authorization form was not submitted within the medical records. The request was for 8 sessions of acupuncture to the lumbar spine, 8 sessions of chiropractic to the lumbar spine, and a TENS unit 30 day rental. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Acupuncture to the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 8 sessions of acupuncture to the lumbar spine is not medically necessary. The injured worker has received previous acupuncture therapy and reported there was no relief. The acupuncture medical treatment guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasms. The guidelines recommend for frequency and duration of acupuncture of 3 to 6 treatments to produce functional improvement, at 1 to 2 times per week, with an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation regarding functional improvement with previous acupuncture sessions, and the injured worker indicated the previous acupuncture did not help her with pain relief. Additionally, the request for 8 sessions of acupuncture therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.

8 sessions of Chiropractic to the 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 Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The request for 8 sessions of chiropractic to the lumbar spine is not medically necessary. The injured worker indicated she received moderate relief with physical therapy/chiropractic manipulations. The California Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measureable gains and functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend for the low back a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There is lack of documentation regarding evidence of objective functional improvement to warrant additional chiropractic treatment. There is lack of documentation regarding current measureable objective functional deficits and quantifiable objective functional improvements with previous chiropractic treatment. Additionally, the request for 8 sessions of chiropractic treatment exceeds guideline recommendations. Therefore, the request is not medically necessary.

TENS Unit 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114, 116.

Decision rationale: The request for TENS Unit 30 day rental is not medically necessary. The injured worker has received previous physical therapy, acupuncture, and chiropractic treatment. The California Chronic Pain Medical Treatment Guidelines do not recommend a TENS as a primary treatment modality, but a 1 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. The guidelines' criteria for the use of TENS are: documentation of pain of at least 3 months' duration, evidence that other appropriate pain modalities have been tried and failed, a 1 month trial period of a 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. The guidelines also state other ongoing pain treatment should also be documented during the trial period for medication management. There is a lack of documentation regarding the injured worker utilizing a TENS unit. There is a lack of documentation regarding utilization of the TENS unit as an adjunct to a functional restoration approach. Therefore, the request is not medically necessary.