

<b>Case Number:</b>	CM14-0095212		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 49 year old male with an injury date on 01/27/2013. Based on the 05/19/14 progress report provided by [REDACTED] the patient complains of thoracic and lumbar spine pain. An MRI of the thoracic and lumbar spine of 4/23/14 indicates L5-S1 disc protrusion without thoracic pathology. The progress reports do not discuss any positive exam findings. The diagnoses include the following: Thoracic spine strain, Lumbar spine strain, Left lumbar radiculopathy, and degenerative joint and degenerative disc disease of the thoracic and lumbar spine. [REDACTED] is requesting for 1TENS unit and 6 sessions of chiropractic treatment. The utilization review determination being challenged is dated 06/09/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/13/2013 to 09/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** The MTUS Chronic Pain Guidelines states, "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." The medical records provided for review show no documentation of the patient having tried a TENS unit. As such, the request is not medically necessary and appropriate.

**6 Sessions of chiropractic treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

**Decision rationale:** For chiropractic treatments, the MTUS Chronic Pain Guidelines allows "A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The 06/26/14 chiropractic report indicates patient had complete 16 chiropractic sessions from 04/14/14 to 06/23/14 with improvements and by 07/22/2014 report the patient had completed 24 sessions. Review of the reports from 4/28/14 and 5/19/14 do not seem to indicate much progress with nearly identical information. The patient appears to have had more than adequate chiro treatments. The treater does not explain why on-going treatments are necessary. The MTUS allows up to 18 sessions with improvement. As such, the request is not medically necessary and appropriate.