

Case Number:	CM14-0218215		
Date Assigned:	01/07/2015	Date of Injury:	06/28/2010
Decision Date:	03/06/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 31 year old female who sustained a work related injury June 28, 2010. Past history includes carpal tunnel syndrome and s/p carpal tunnel release 11/20/2010. According to a physician's report dated November 3, 2014, she was injured on a continual trauma basis, gradually developing pain of the left hand radiating to the shoulder, numbness, tingling, swelling, stiffness and weakness of the left hand in early 2010. Past history includes fractured left wrist as a child, fractured right collarbone after an assault, classified as distal third clavicle fracture, 2006, s/p right clavicle coracoclavicular ligament reconstruction with allograft tendon and distal clavicle resections October 2006. She now complains of pain and stiffness in the left hand, wrist elbow shoulder and neck with numbness of the left hand and wrist and occasionally the right, tingling both hands and wrist, swelling in the left hand and wrist and dropping items and difficulty applying pressure, left hand. According to a primary treating physicians report dated November 12, 2014, she is benefiting from physical therapy. The upper extremity sensation is intact except for hyperalgesia of the left hand and forearm. Diagnoses are documented as carpal tunnel syndrome, fibromyalgia/myositis, CRPS, type I upper extremity; tenosynovitis, wrist; and psychological factors. Treatment included continued medications, continue physical therapy, SCS trial with Medtronic and psych evaluation. According to utilization review performed December 18, 2014, Chiropractic Treatment 2 x 6 Neck and Back is non-certified. Citing MTUS Guidelines, there is lack of medical evidence to support the request. The request for TENS Unit with Pads is non-certified. Citing MTUS Guidelines, medical

necessity is not supported. The request for Trigger Point Injections is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines Neck and Upper Back Complaints, previous treatment with trigger point injections has not provided any longer lasting relief and no documentation of functional improvement obtained. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x6 weeks Neck and Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Chiropractic care and Manipulation

Decision rationale: MTUS guidelines do not specifically address cervical neck chiropractic therapy, but does discuss chiropractic therapy in general. MTUS states, Recommended for chronic pain if caused by musculoskeletal conditions. MTUS additionally quantifies b.

Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. 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. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered maximum may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. ODG writes, it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Additionally, ODG details criteria for treatment: Regional Neck Pain: 9 visits over 8 weeks Cervical Strain: Intensity & duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated below. Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeks Moderate (grade II): Trial of 6 visits over 2-3 weeks Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity Severe (grade III): Trial of 10 visits over 4-6 weeks Severe (grade III): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity Cervical Nerve Root Compression with Radiculopathy: Patient selection based on previous chiropractic success --Trial of 6 visits over 2-3 weeks With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care Post Laminectomy Syndrome: 14-16 visits over 12 weeks. The documents provided did not indicate if this patient has attended chiropractic care, and if so how many the patient has undergone. Therefore, it is unclear if the trial therapy has been completed or not. The guidelines can allow for therapy up to 25 sessions, but the treatment notes

do not indicate applicable medical conditions for such quantity of treatment. The treating physician does not note any improved objective or subjective findings, which is necessary for ongoing therapy. As such, the request for Chiro 2x6 weeks Neck and Back is not medically necessary.

TENS Unit with Pads: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Pain, TENS chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: MTUS states regarding TENS unit, Not recommended as a primary treatment modality, but a one-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, for the conditions described below. For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous conditions. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings Ankle and foot: Not recommended Elbow: Not recommended Forearm, Wrist and Hand: Not recommended Shoulder: Recommended for post-stroke rehabilitation Medical records do not indicate conditions of the low back, knee, neck, ankle, elbow, or shoulders that meet guidelines. Of note, medical records do not indicate knee osteoarthritis. ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above):(1) Documentation of pain of at least three months duration(2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed(3) 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(4) Other ongoing pain treatment should also be documented during the trial period including medication usage(5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted(6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental.(7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended.(8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The medical records do not satisfy the several criteria for selection

specifically, lack of documented 1-month trial, lack of documented short-long term treatment goals with TENS unit, and unit use for acute (less than three months) pain. As such, the request for TENS Unit with Pads is not medically necessary.

Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg0twc.com; Section; Neck and Upper Back (Acute & Chronic) updated 11/18/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: MTUS states that Trigger Point Injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. And further states that trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. For fibromyalgia syndrome, trigger points injections have not been proven effective. MTUS lists the criteria for Trigger Points: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The medical documentation provided indicate that this patient has received trigger point injections in the past, the treating physician does not provided documentation of functional improvement after the previous injections. The medical notes do not specify the number of injections that the patient will receive per session or the interval. The number of injections is required to determine if MTUS guidelines are met. As such, the request for Trigger Point Injections is not medically necessary.

