

Case Number:	CM15-0113515		
Date Assigned:	06/19/2015	Date of Injury:	12/10/2012
Decision Date:	07/20/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 12/10/12. He has reported initial complaints of forearm crush injuries and multiple right sided injuries. The diagnoses have included lumbar sprain/strain, right rib and thoracic contusion, post- traumatic stress disorder, pain in joint involving shoulder region, upper arm, forearm and thoracic spine and low back syndrome. Treatment to date has included medications, activity modifications, surgery, physical therapy, Cognitive Behavioral Therapy (CBT), diagnostics, chiropractic, transcutaneous electrical nerve stimulation (TENS) trial and home exercise program (HEP). Currently, as per the physician progress note dated 5/11/15, the injured worker complains of pain in the posterior cervical region and lateral shoulder with constant burning that feels like a pulled muscle. He also complains of right abdomen pain, right shoulder, right chest and low back pain that are constant and sharp. He reports difficulty getting to sleep, frequent awakening, and lack of energy, constipation, heartburn, urine hesitancy, numbness, anxiety, panic attacks, depression, and inability to concentrate. The physical exam reveals there is decreased range of motion in the neck with left lateral rotation due to pain, there is pain on palpation of the paravertebral muscles, right worse than left. The back exam reveals pain with lateral bending to the right and rotation bilaterally, there is tenderness of the paravertebral muscles, and isolated spots of severe tenderness to palpation eliciting twitch response and spontaneous discharge of radiating pain. There is diffuse right upper extremity weakness as compared to the left and right side straight leg raise test is positive at 70 degrees. The diagnostic testing that was performed included Magnetic

Resonance Imaging (MRI) of the cervical spine dated 2/27/15 reveals mild disc bulges. The current medications included Percocet, Lidoderm patch, Trazadone, Cymbalta, compounded cream, and Gabapentin. There is no previous urine drug screen reports noted in the records and there is no previous physical therapy sessions noted. The physician requested treatments included transcutaneous electrical nerve stimulation (TENS) unit - purchase and Chiropractic treatment 2 x weeks x 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit - purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit purchase. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS unit - purchase is not medically necessary and appropriate.

Chiropractic treatment 2 x wk x 3 wks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved work/functional status from treatment already

rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The Chiropractic treatment 2 x wk x 3 wks is not medically necessary and appropriate.