

Case Number:	CM15-0118264		
Date Assigned:	06/26/2015	Date of Injury:	01/07/2015
Decision Date:	07/28/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 58 year old male sustained an industrial injury on 1/06/15. He subsequently reported low back pain. Diagnoses include cervicalgia and lumbago. Treatments to date include x-ray and MRI testing, chiropractic care, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain that radiates to the left upper extremity and neck pain that radiates to the upper extremities. Upon examination, there was guarding and tenderness over the paraspinal muscles. Lumbar range of motion was reduced. A request for Additional chiropractic visits x 6 and TENS patch x 2 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic visits x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional chiropractic visits #6 are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are cervicalgia/neck pain; lumbar discogenic syndrome; and lumbosacral or thoracic neuritis. MRI results of the cervical spine include diffuse cervical arthropathy; and diffuse cervical and thoracic disc desiccation. MRI evaluation lumbar spine showed moderate to severe L5 - S1 degenerative disc disease and a broad-based posterior 4 mm protrusion; moderate to severe L4 - L5 degenerative disc disease and a broad-based posterior 4 mm protrusion without nerve impingement. The documentation states the injured worker received chiropractic treatment. The documentation does not specify the total number of chiropractic sessions to date. There are no chiropractic progress notes in the medical record. There is no documentation demonstrating objective(s) improvement with ongoing chiropractic treatment. The guidelines recommend a six visit clinical trial over two weeks. Additional chiropractic treatment is indicated (up to 18 visits) with evidence of objective functional improvement. There is no evidence of objective functional improvement with ongoing chiropractic. The date of injury is January 6, 2015. The request for authorization is June 2, 2015. Injured worker has ongoing low back pain that radiates to the left lower extremity and cervical pain that radiates to the upper extremities bilaterally. The documentation indicates chiropractic provides "some relief". Objectively, there is tenderness to palpation over the paraspinal muscle groups. Consequently, absent clinical documentation with objective functional improvement of the chiropractic treatment to date, additional chiropractic visits #6 are not medically necessary.

TENS patch x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS patch times 2 is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited

to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervicgia/neck pain; lumbar discogenic syndrome; and lumbosacral or thoracic neuritis. MRI results of the cervical spine include diffuse cervical arthropathy; and diffuse cervical and thoracic disc desiccation. MRI evaluation lumbar spine showed moderate to severe L5 - S1 degenerative disc disease and a broad-based posterior 4 mm protrusion; moderate to severe L4 - L5 degenerative disc disease and a broad-based posterior 4 mm protrusion without nerve impingement. There is no documentation in the medical record indicating objective functional improvement with ongoing TENS. Additionally, the medical record does not contain a TENS trial is a prerequisite to ongoing TENS use. Consequently, absent clinical documentation demonstrating objective functional improvement with existing TENS use and evidence of a TENS trial, TENS patch times 2 is not medically necessary.