

Case Number:	CM15-0118466		
Date Assigned:	06/26/2015	Date of Injury:	03/24/1998
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
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:

The injured worker is a 47 year old female who sustained an industrial injury on 5/21/15. The mechanism of injury was unclear. She currently complains of neck pain improved tingling in the hands, numbness in the low back, lower leg, lateral ankle and foot. On physical exam of the cervical spine there was decreased range of motion, tenderness of paraspinals of cervical spine; muscle tightness and guarding at paraspinals of her cervical and lumbar area. Pain level is 6/10. Medications were Fiorecet; Cymbalta; Motrin; Ativan; baclofen; flurbiprofen 20%, Lidocaine 5%; cyclobenzaprine 10%, Lidocaine 2%. Diagnoses include cervicgia; cervical degenerative disc disease; lumbar pain; cervicgic headache; depression. Treatments to date include home exercise program; transcutaneous electrical nerve stimulator unit; Botox injections for headaches; chiropractic treatments; transcutaneous electrical nerve stimulator unit; medications. Diagnostics include cervical MRI (4/27/09) showing disc protrusion, osteophytes, foraminal narrowing. In the progress note dated 5/7/15 the treating provider's plan of care includes requests for transcutaneous electrical nerve stimulator unit for purchase; continue chiropractic treatments for the low back and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Use At Home for Purchase: Upheld

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

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 use at home for purchase 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 is working diagnoses are cervicgia; cervical DDD; low back pain; comorbid constipation; cervicgic headache; and comorbid depression. Date of injury is March 24, 1998. Request for authorization is dated May 7, 2015. According to a progress note dated May 7, 2015 the injured worker has ongoing neck and back pain. The documentation indicates the injured worker has been using a TENS daily. TENS is used 30 minutes twice a day. There is no documentation of a one-month TENS clinical trial. It is unclear how long the injured worker has been using the present TENS use. There are no short or long-term goals documented in the medical record. Consequently, absent clinical documentation with a one-month clinical trial and objective functional improvement associated with the clinical trial, TENS use at home for purchase is not medically necessary.

Continue Chiropractic Adjustment for The Low Back and Neck (Unspecified Number of Treatments): 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 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, continue chiropractic adjustments low back and neck (unspecified number of treatments) is 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 is working diagnoses are cervicalgia; cervical DDD; low back pain; comorbid constipation; cervicogenic headaches; and comorbid depression. The date of injury is March 24, 1998. Request for authorization is dated May 7, 2015. The documentation shows the injured worker received prior chiropractic treatment. A progress note dated November 17, 2014 shows an additional 12 sessions of chiropractic manipulation were approved. The 12 sessions were in addition to an unspecified number of prior chiropractic treatments. There are no chiropractic treatment session notes in the medical record. There is no documentation demonstrating objective functional improvement. Although a six visit clinical trial is appropriate, 18 total visits may be indicated with evidence of objective functional improvement. There is no documentation indicating objective functional improvement and, as a result, additional chiropractic treatments are not clinically indicated. Consequently, absent clinical documentation with prior chiropractic treatment notes, total number of chiropractic sessions to date and objective functional improvement (of prior chiropractic treatment), continue chiropractic adjustments low back and neck (unspecified number of treatments) is not medically necessary.