

Case Number:	CM15-0173657		
Date Assigned:	09/15/2015	Date of Injury:	12/04/2009
Decision Date:	10/19/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/03/2015

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: Preventive Medicine, Occupational 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 53 year old female who sustained an industrial injury on 12/04/2009. She has reported injury to the right shoulder and low back. The diagnoses have included low back pain with L4-5 and L5-S1 disc disease and spinal stenosis; lumbar radiculopathy; cervical strain- cervical radicular symptoms; right upper extremity overuse syndrome; adhesive capsulitis right shoulder; and post-op right shoulder arthroscopy (09-23-2011). Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, acupuncture, surgical intervention, chiropractic therapy, and home exercise program. Medications have included Tramadol, Norco, and Flexeril. A progress report from the treating physician, dated 08/10/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of flaring neck and low back pain, with stiffness and spasm; working full time and increased work load recently; has had lumbar epidural steroid injection (06-24-2015) which was beneficial; has had chiropractic treatment in the past and has had great benefit for neck and back pain; and Tramadol is clearly of benefit in pain control, 50-100mg as needed, allows for independent function. Objective findings have included range of motion of the lumbar spine is 60% of expected; the right wrist is swollen dorsolaterally with tenderness to palpation; and it is noted that the MRI of the lumbar spine, dated 05-27-2014, revealed L4-5 disc degeneration, annular tear, L5-S1 large anterior bridging osteophyte formation, right central, right paracentral annular tear, and spurring appears to abut the extraforaminal right L5 root sleeve. The treatment plan has included the request for TENS unit three (3) month trial; and eight (8) additional chiropractic treatments. The original utilization review, dated 08-17-2015, modified a request for

TENS unit three (3) month trial, to certify TENS unit for a thirty (30) day trial; and non-certified a request for eight (8) additional chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit three (3) month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the California Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one month trial of TENS to see if there is functional improvement by using this modality. However, this trial is limited to patients with either neuropathic pain, chronic regional pain syndrome, phantom limb pain, spasticity, multiple sclerosis or in the first 30 days after surgery and the unit must be used in conjunction with other treatment modalities in an overall approach to functional restoration. A meta-analysis in 2007 suggested effectiveness of this modality for chronic musculoskeletal pain but random controlled studies are needed to verify this effectiveness. The MTUS lists specific criteria for use of this treatment. These criteria are met for this patient. She has chronic intractable pain, has failed prior courses of physical therapy, lumbar epidural steroid injections and acupuncture and her medications do not fully relieve her symptoms. At this point in the care of this patient a trial of TENS is an option in therapy. However, as noted above, the trial should be limited to one month. Medical necessity for 3 month trial of TENS therapy has not been established and therefore is not medically necessary.

Eight (8) additional chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Multiple studies have shown that manipulation is an effective therapy in acute and chronic musculoskeletal conditions. It is a passive therapy. It is important to note that many studies have shown that the longer a patient has pain the less likely passive therapy will be effective. Its use in chronic conditions, as required by the MTUS guidelines, necessitates documentation of functional improvement, that is, improvement in activities of daily living or a reduction in work restrictions. The time to produce an effect from manipulation therapy is 4-6 treatments so the MTUS recommendation is for a trial of chiropractic treatments 2-3 times per week for 2 weeks then to reassess for effectiveness of this therapy. This patient has had chiropractic therapy in the past that had been effective. Additional chiropractic therapy for exacerbations of pain remains a therapeutic option. The provider is now recommending additional therapy for her recent exacerbation of pain. However, that therapy still needs to follow the MTUS guideline, i.e. no more than 6 initial sessions. Medical necessity for the number of chiropractic sessions requested has not been established and therefore is not medically necessary.