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| Case Number: | CM15-0177941 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 03/25/2013 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 09/02/2015 |
| Priority: | Standard | Application Received: | 09/09/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on March 25, 2013. The injured worker was diagnosed as having lumbar radiculopathy, lumbar degenerative disc disease, and low back pain. Treatment and diagnostic studies to date has included medication regimen, electromyogram with nerve conduction study, magnetic resonance imaging of the lumbar spine, and physical therapy. In a progress note dated August 14, 2015 the treating physician reports complaints of pain to the low back. Examination performed on August 14, 2014 was revealing for tenderness to the lumbar paraspinal muscles, decreased range of motion to the lumbar spine, and decreased motor strength to the left extensor hallucis longus muscles. On August 14, 2014, the injured worker's pain level was rated a 6 on a scale of 1 to 10 with the use of her medication regimen and rates the pain an 8 on a scale of 1 to 10 without the use of her medication regimen. The treating physician noted magnetic resonance imaging performed on July 29, 2013 that was revealing for bulging at the lumbar four to five and lumbar five to sacral one levels along with an electromyogram with nerve conduction velocity performed on December 20, 2013 that was revealing for left lumbar five and sacral one radiculopathies as noted on August 14, 2015. The progress notes provided included requests for six sessions of chiropractic therapy, but the documentation did not indicate prior chiropractic therapy performed. On August 14, 2015 the treating physician requested a trial of a transcutaneous electrical nerve stimulation unit for thirty days for the treatment of myofascial spasms and temporary relief of acute pain flare-ups, and six sessions of chiropractic therapy noting that the chiropractic therapy would be "beneficial to help manage her pain". On September 02, 2015, the Utilization Review denied the request for a thirty-day use of a transcutaneous electrical nerve stimulation unit and six sessions of chiropractic therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, thirty days: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. In addition, there must be a 30-day trial with objective measurements of improvement. These criteria have been met and the request is medically necessary.

Chiropractic therapy to the lumbar spine, six sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The California chronic pain medical guidelines section on manual manipulation states: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint

beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care : Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However, the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. The request is for 6 sessions. Therefore, it is medically necessary.