

Case Number:	CM15-0065897		
Date Assigned:	04/14/2015	Date of Injury:	02/12/2013
Decision Date:	05/13/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/08/2015

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 57 year old female, who sustained an industrial injury on February 12, 2013. The injured worker was diagnosed as having herniated lumbar disc and herniated cervical disc. Treatment to date has included physical therapy, acupuncture, chiropractic therapy, and medications including pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. On February 17, 2015, the injured worker complains unchanged pain of the lower back radiating into the leg, neck, shoulder, and arm. The treating physician notes that the combination of physical therapy and chiropractic therapy helps with overall pain and she is able to continue working. Her pain medications taken as needed help decreased her pain. She is awaiting lumbar epidural steroid injections. The physical exam revealed decreased lumbar range of motion, a positive straight leg raise at 75 degrees with lumbar 5-S1 distribution, and lumbar paraspinal tenderness and spasms. There was decreased cervical range of motion, positive Spurling and Foraminal Compression testing, and bilateral sternocleidomastoid and strap muscle tenderness and spasms. The treatment plan includes continuing chiropractic treatments, a request for a transcutaneous electrical nerve stimulation (TENS) unit, and to continue her current pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory medications. The requested treatments are 10 visits of chiropractic therapy, inferential unit, and labs prior to injection: SMA7, CBC, physical therapy, PTT, INR, UA, and EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, 10 visits, 2 times weekly for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS 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 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, 10 visits, 2 times weekly for 5 weeks is not medically necessary and appropriate.

IF unit (interferential unit), 5 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; Interferential Current Stimulation (ICS) Page(s): 114-116. 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. The IF unit (interferential unit), 5 month rental is not medically necessary and appropriate.

Labs prior to injection: SMA7 (Sequential Multiple Analysis-7), CBC (complete blood count), CBT (comprehensive metabolic panel), PT (prothromblastin time), PTT (partial thrombastin time), INR 9international normalized ratio), US (urinalysis), and EKG (electrocariogram): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Preoperative lab testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Lab Suggested Monitoring, page 70.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel or cardiac evaluation. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis involving possible metabolic disturbances, hepatic, renal, coagulation, or cardiac disease to support the lab works as it relates to this chronic musculoskeletal injuries. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. Identifying any coagulation issues or having a baseline level along with renal and liver functions may be medically indicated prior to surgical procedure; however, the patient has an unspecified injection planned. Submitted reports have not identified any symptom complaints, clinical history or comorbidities with undue risks to support for the multiple lab testing. The Labs prior to injection: SMA7 (Sequential Multiple Analysis-7), CBC (complete blood count), CBT (comprehensive metabolic panel), PT (prothromblastin time), PTT (partial thrombastin time), INR (international normalized ratio), US (urinalysis), and EKG (electrocariogram) is not medically necessary and appropriate.