

Case Number:	CM15-0093675		
Date Assigned:	05/20/2015	Date of Injury:	09/29/2014
Decision Date:	06/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/14/2015

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: Emergency 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 43-year-old male, who sustained an industrial injury on 9/29/2014. He reported low back pain after lifting activities. Diagnoses include lumbar sprain/strain and lumbar pain. Treatments to date include modified activity, medication therapy, chiropractic therapy, and six physical therapy sessions. Currently, he complained of low back pain rated 3-4/10 VAS. On 4/6/15, the physical examination documented radiographic imaging results indicated multilevel lumbar disc bulge with annular tear identified. The plan of care included requests to authorize chiropractic therapy twice a week for four weeks and a TENS unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care 2 times a week for 4 weeks - lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 58-59.

Decision rationale: As per MTUS Chronic pain guidelines, chiropractic of back may be considered. Guidelines recommend a trial of 6 sessions with required assessment of objective functional and pain improvement before additional sessions are recommended. The number of sessions requested exceed trial guideline. Chiropractic is not medically necessary.

TENS Unit Home use (rental or purchase) - lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (transcutaneous electrical nerve stimulation) Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of back pain; there is no evidence of any neuropathic pain with recent normal EMG/NCV of lower extremities. There is no documentation of failures of multiple conservative treatment modalities. Guidelines recommend use only with Functional Restoration program, which is not documented. There is no documentation of short or long-term goal of TENS unit. There is no documentation of an appropriate 1-month trial of TENS. Patient fails multiple criteria for TENS purchase. TENS is not medically necessary.