Case Number:	CM15-0095684		
Date Assigned:	05/22/2015	**Date of Injury:**	10/18/2001
Decision Date:	06/26/2015	**UR Denial Date:**	05/11/2015
Priority:	Standard	**Application Received:**	05/18/2015

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
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 59 year old female who sustained an industrial injury on 10/18/2001 resulting in back pain worse than neck pain. Treatment provided to date has included: medications; physical therapy (12 sessions); lumbar surgeries (08/09/2002 and 09/12/2002); lumbar injections (unknown number); trigger point injections; pain pump implant (7/18/2011); and cervical fusion surgery (1/19/2009). Diagnostic tests performed include: x-rays of the cervical spine (03/03/2015) showing fusion of C3-C6 without evidence of instability; MRIs of the cervical spine and lumbar spine; electrodiagnostic testing, and laboratory testing. The records reflect the patient felt she had no benefit from the myriad courses of physical therapy, chiropractic therapy or acupuncture she has had since her injury. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/27/2015, physician progress report noted neck pain. Pain was rated as 8 (1-10) and described as constant, sharp, shooting, and radiating to the shoulder blades, arms and hands. Additional complaints included numbness and tingling in the arms, frequent headaches, stiffness in the neck, and continuous pain in the lower back with radiating pain into the bilateral lower extremities, numbness and tingling in the bilateral lower extremities, depression, anxiety, and stress. The physical exam revealed a tearful injured worker who was noted to be in obvious pain, limping/distorted and unsteady gait, muscle spasms and tenderness along the upper trapezius and paravertebral muscles, palpable trigger points in the trapezius, upper thoracic spine and parascapular muscles, positive cervical compression test, hypolordosis, tenderness along the lumbar paravertebral muscles with paravertebral muscle guarding, spasms along the quadratus lumborum muscles, and trigger

points to palpation of the thoracic or parascapular muscles. The provider noted diagnoses of status post cervical spine fusion with residuals, and status post lumbar spine fusion with residuals. Plan of care includes a tub/shower bench, cane, urine drug testing, 12 chiropractic treatments for the cervical and lumbar spines, TENS (Transcutaneous Electrical Nerve Stimulation) unit trial with supplies, and a baseline functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tub/shower bench: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment.

Decision rationale: A Tub/Shower Bench is considered durable medical equipment (DME). DME is defined as equipment or appliances that are ordered by a physician for use in the home, and required to correct or ameliorate a patient's disability, condition, or illness. The key to use of DME hinges on documentation of medical need. The MTUS does not address this issue. It is generally accepted that bath or shower benches are needed when the patient is unable to transfer in/out of a bathtub or stand in a shower. These criteria were not documented for this patient in the medical records available for review. The request for use of this product has not been established and is not medically necessary.

Chiropractic treatment cervical and lumbar spine quantity 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9; Chp 5 pg 86; Chp 8, pg 173, 181; Chp 12 pg 298-300, 306, 308,Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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 1-2 times per week for 2 weeks then to reassess for effectiveness of this therapy. This patient's injury occurred

approximately 14 years ago so the injury is classified as a chronic injury. Physical therapy and/or chiropractic therapy is a realistic option for treatment. However, prior use of this modality in this patient did not result in beneficial improvements for this patient. Additionally the request for this treatment modality is for 12 visits but if this therapy were to be used the duration should be limited to 4-6 treatment visits with reassessment afterwards in order to comply with the MTUS guidelines. The request for use of this modality of therapy has not been established and is not medically necessary.

Tens unit trial with supplies (days): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Chp 3, pg 48; Chp 8, page(s) 181; Chp 12 pg 300,Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-27.

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 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 neuropathic pain, has failed prior courses of physical therapy, chiropractic therapy and acupuncture and her medications do not fully relieve her symptoms. At this point in the care of this patient the request for trial of TENS has been established and is medically necessary.

Baseline functional capacity evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Chp 1 pg 4-5, 12; Chp 2 pg 21-2; Chp 5 pg 77, 80-2, 85. Decision based on Non-MTUS Citation Hart DL, Isernhagen SJ, Matheson LN

Guidelines for Functional Capacity Evaluations of People with Medical Conditions. J Orthop Sports Phys Ther 1993; 18: 682-686.

Decision rationale: Functional Capacity Evaluations (FCE) are a set of tests, practices and observations that are combined to determine the ability of an individual to function in a given set of work-related duties. It gives a more precise delineation of a patient's capabilities then can be determined from a routine exam. Thus, it more closely reflects the true functional abilities of an individual as they relate to job demands. The most recent medical evaluation of this patient resulted in the provider requesting a baseline evaluation of the patient's functional capacity. There is not a provider description as to the reasoning behind this request but the recent evaluation by the AME suggested the patient had significant restrictions to activity. A baseline FCE would establish how functional the patient is and perhaps help direct further therapies toward returning this patient to the workforce. The request for this evaluation has been established and is medically necessary.