
Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 5/21/2013
Date of Injury: 3/21/2013
IMR Application Received: 6/14/2013
MAXIMUS Case Number: CM13-0000703

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **TENS unit for the cervical spine, bilateral shoulders, and lumbar spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **chiropractic therapy 2 times a week for 6 weeks for the cervical spine, bilateral shoulders, and lumbar spine is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/14/2013 disputing the Utilization Review Denial dated 5/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **TENS unit for the cervical spine, bilateral shoulders, and lumbar spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **chiropractic therapy 2 times a week for 6 weeks for the cervical spine, bilateral shoulders, and lumbar spine is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractor, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 21, 2013:

“This patient is a 57-year-old male who reported an injury on 03/21/2013, with notes indicating that the patient had pain to the neck, bilateral shoulders, and middle back for the preceding 2 months after stacking pallets. The patient complained initially of pain on a severity scale of 8/10. The patient had complaints of pain to the neck described as sharp with the frequency noted as intermittent. The patient had his symptoms exacerbated by turning of the head and alleviated with rest. The patient denied any numbness or tingling of the arms or weakness of the upper extremities. Additionally, the patient had complaints of shoulder pain to the bilateral shoulders with the patient describing the pain as a dull ache. The patient also had complaints of pain to the mid and upper back, which the patient again described as dull, and of moderate severity. Physical examination of the patient noted that he ambulated with a normal gait with full weight bearing on both lower extremities. The patient had normal posture and no loss of cervical lordosis with stiffness or splinting of the neck. The posterior cervical spine was noted to be tender with neck muscle tenderness in the paracervical region and trapezius. There were noted spasms in the neck muscles with cervical compression test for nerve root compression noted as negative. Range of motion revealed flexion of 35 degrees, extension 40 degrees, left lateral and right lateral flexion of 20 degrees, and lateral rotation bilaterally of 50 degrees. There was no evidence of muscle weakness in the paracervical musculature and no evidence of weakness in the lower extremities. Evaluation of the bilateral shoulders revealed extension of 50 degrees bilaterally, flexion 180 degrees, abduction 180 degrees, adduction 50 degrees, and internal/external

rotation of 90 degrees. Tenderness was noted to the bilateral trapezius muscles with no tenderness of the bilateral deltoid muscles and muscle spasm of the bilateral trapezius muscles. Neurologically, heel and toe ambulation was performed without difficulty with the bilateral patellar and Achilles tendon reflexes 2/4 and impingement testing of the bilateral shoulders noted as negative. Sensation was intact to light touch and pinprick in all dermatomes for the bilateral lower extremities with the bicipital, brachioradialis, and tricipital deep tendon reflexes 2/4 in the bilateral upper extremities. Sensation was intact to light touch and pinprick in the bilateral upper extremities with the biceps, brachioradialis, and tricipital deep tendon reflexes 4/4 in the bilateral upper extremities with sensation intact. Straight leg raise was negative and there was no weakness to the upper extremities. Notes indicate that the patient was prescribed medications to include Cyclobenzaprine 10 mg, Ibuprofen 600 mg, and Omeprazole 20 mg. The notes indicate that after starting the patient on Nonsteroidal anti-inflammatory drugs (NSAIDs), the patient was recommended to undergo home heat therapy and start physical therapy and that the patient was provided with a cervical pillow for comfort. Subsequent evaluations of the patient on 03/22/13 and 03/26/13 noted no significant improvement in the patient's condition. Evaluation of the patient on 04/02/13 noted that the patient had improved since his last examination with the patient noted to be in physical therapy. Physical examination of the patient was unchanged from previous visits. Physical therapy note on 04/12/13 indicated that the patient had been seen for 5 physical therapy sessions with treatment consisting of ultrasound to the cervical spine, heat with electrical stimulation, cervical traction, and daily postural exercises. The patient notes currently that he has had a significant reduction in pain and that he continues to experience pain at night and has trouble finding a comfortable position to sleep. The patient is significantly limited in cervical extension and the patient notes pain with chin tucks to a neutral spine. The patient also indicates being significantly limited in his activities of daily living (ADL)s. Evaluation of the patient on 04/26/13 noted cervical spine range of motion at 45 degrees, lateral flexion to the left of 20 degrees and to the right of 20 degrees, with lateral rotation of 50 degrees bilaterally, and flexion of 30 degrees. There was no evidence of muscle weakness of the paracervical musculature and no weakness of the lower extremities. The patient had no loss of lumbosacral lordosis. Range of motion of the lumbar spine revealed flexion of the fingertips approximating 3 inches from the floor with extension of 20 degrees, lateral flexion bilaterally of 35 degrees, and lateral rotation bilaterally of 25 degrees. Neurologically, the patient was able to perform heel and toe ambulation without difficulty with the bilateral lower extremity reflexes 2/4 and the bilateral upper extremity reflexes 2/4. Sensation was noted to be intact in both the upper and lower extremities bilaterally with no weakness noted in the upper or lower extremities. Additionally, notes detail that the patient's back muscles displayed no weakness."

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/14/13)
- Utilization Review Determination (dated 5/21/13)
- Medical Records
- Medical Treatment Utilization Schedule

1) Regarding the request for a TENS unit for the cervical spine, bilateral shoulders, and lumbar spine:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), TENS, Chronic Pain (transcutaneous electrical nerve stimulation), page 114-115, BlueCrossBlueShield, (2007) Guidelines, CMS, (Medicare, 2006) Guidelines, Aetna & Humana (Aetna, 2005) (Humana 2004) Guidelines, VA (US Dept. VA, 2001) Guidelines, European Federation of Neurological Societies (EFNS) (2007) Guidelines.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), TENS, Chronic Pain (transcutaneous electrical nerve stimulation), page 114-115, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on March 21, 2013 to the neck, back and bilateral shoulders. Treatments have included physical therapy, and medication management. The medical records reviewed indicate mild limitation in range of motion (ROM) and tenderness at time of cervical compression test. There were very limited Ortho/Neuro tests performed. The request is for TENS unit for cervical spine, bilateral shoulders, and lumbar spine.

The MTUS Chronic Pain Medical Treatment Guidelines (2009) note TENS is indicated for cutaneous findings and the reviewed medical records do not support those findings. 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. The Exam on 04/9/2013 does not indicate the evidence that would support the diagnosis and the primary treatment of TENS. **The request for TENS unit for cervical spine, bilateral shoulders, and lumbar spine is not medically necessary and appropriate.**

2) Regarding the request for chiropractic therapy 2 times a week for 6 weeks for the cervical spine, bilateral shoulders, and lumbar spine:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine, pages, 98-99 and Manual therapy & manipulation, pages 58-60, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual Therapy & manipulation, page 58-60, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on March 21, 2013 to the neck, back and bilateral shoulders. Treatments have included physical therapy, and medication management. The medical records reviewed indicate mild limitation in range of motion (ROM) and tenderness at time of cervical compression test. There were very limited Ortho/Neuro tests performed. The request is for TENS unit for cervical spine, bilateral shoulders, and lumbar spine.

The MTUS Chronic Pain Medical Treatment Guidelines (2009) states that after the initial physical therapy treatment and the improvements are noted, then a trial home care regiment should be implemented so to reach maximum improvements and to stabilize the employee's condition. The medical records provided for review indicate that the employee has shown significant functional improvement after the physical therapy. **The request for chiropractic therapy 2 times a week for 6 weeks for the cervical spine, bilateral shoulders, and lumbar spine is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.