

<b>Case Number:</b>	CM13-0001096		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 41 year old with an injury date on 6/11/11. Based on the 6/20/13 progress report provided by [REDACTED] the diagnoses are: 1. Chronic intractable lower back pain, bilateral leg symptoms, with 80% lower back and 20% legs, industrially-aggravated, secondary to work-related injury dated July. 2. MRI scan dated December 11, 2012 reveals lumbar spondylosis most notable at L4-5 and L3-4 with an annular tear noted on the right side at L4-5, most likely chemical irritation of the exiting L4 nerve root as well as left side L3-4 annular tear with possible chemical irritation of the exiting left L3 nerve root, most likely cause of leg symptoms. 3. Axial MRI December 11, 2012 reveals significant facet hypertrophy, right side at L4-5 more than left side, with fluid in the facet joints at L4-5, most likely the cause of her facetogenic lower back pain which is worsened with extension. 4. Rule out lumbar instability. 5. Significant lumbar deconditioning. Exam on 6/20/13 showed "moderate to severe guarding in L-spine upon palpation. L-spine showed flexion of 50/60, extension of 0/25, lateral left and right bending both at 5/25. Negative straight leg raise bilaterally. Paresthesias in bilateral quads and bilateral buttocks. Dyasthesias noted." [REDACTED] is requesting H-wave for home use x 60 days, acupuncture for L-spine 2x3, aquatic therapy for L-spine 2x4, Flector patches #30. The utilization review determination being challenged is dated 7/9/13. [REDACTED] is the requesting provider, and he provided treatment reports from 1/21/13 to 6/25/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H WAVE FOR HOME USE X 60 DAYS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT), Page(s): 117-118.

**Decision rationale:** This patient presents with continued L-spine and bilateral leg pain rated 7/8-10 per 6/20/13 report. The treating physician has asked "continued H-wave for home use x 60 days for HEP pain management" on 6/25/13. On 5/22/13 report, patient has been using TENS unit but only reports "mild improvement" and "back continues to be quite problematic for her." MTUS guidelines support home trial if TENS unit has failed if the patient has diagnosis of neuropathy or soft-tissue chronic inflammation. In this case, TENS unit trial has proven ineffective and treating physician is requesting H-wave for home use x 60 days. MTUS, however, recommend home-trial of just 30 days to determine its effectiveness. The request is not medically necessary and appropriate.

**ACUPUNCTURE FOR LUMBAR SPINE 2X3 QUANTITY: 6: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** This patient presents with continued L-spine and bilateral leg pain rated 7/8-10 per 6/20/13 report. The treating physician has asked acupuncture for L-spine 2x3 on 6/25/13. Review of the reports does not show any prior acupuncture reports and it is not known whether or not the patient has had acupuncture in the past. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the treating physician has asked for 6 trial acupuncture sessions for L-spine which is reasonable and within MTUS guidelines. The request is medically necessary and appropriate.

**AQUATIC THERAPY FOR LUMBAR SPINE 2X4: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Aquatic Therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Aquatic Therapy, MTUS Page(s): 22.

**Decision rationale:** This patient presents with continued L-spine and bilateral leg pain rated 7/8-10 per 6/20/13 report. The treating physician has asked aquatic therapy for L-spine 2x4 on 6/25/13. Review of 6/20/13 report shows patient has undergone physical therapy of unspecified quantity with only "mild improvement" to back pain. 6/20/13 report also states patient's pain is "worsened with any sort of sitting, bending backwards, as well as prolonged standing, walking,

and bending forward. It is improved with lying down." Review of the reports does not show any evidence of aquatic therapy being done in the past. Regarding aquatic therapy, MTUS states: "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Given prior physical therapy has proven ineffective, and patient is unable to perform weight bearing activities, requested 8 sessions of aquatic therapy for L-spine 2x4 appear reasonable and within MTUS guidelines. The request is medically necessary and appropriate.

**FLECTOR PATCHES QUANTITY: 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), Topical Non-Steroidal Anti-Inflammatory Drugs (NSAID).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** This patient presents with continued L-spine and bilateral leg pain rated 7/8-10 per 6/20/13 report. The treating physician has asked Flector patches #30 but no request for authorization is included in provided reports. Review of 1/21/13 report shows patient is currently taking Flector patches. The 2/12/13, 4/9/13, and 5/22/13 reports show continued use Flector patches. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. Patient has been using Flector patches continuously since 1/21/13 with no indication of efficacy, and MTUS only recommends NSAIDS for short term symptomatic relief to treat peripheral joint arthritis and tendinitis. This patient presents with axial spinal pain. The request is not medically necessary and appropriate.