

<b>Case Number:</b>	CM13-0021618		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	01/18/2000
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internall Medicine and Pulmonary Diseases 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 physician 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 35-year-old female who reported an injury on 01/18/2000. The mechanism of injury was not provided. The patient was noted to have subjective complaints of pain, impaired range of motion and impaired activities of daily living. The patient's diagnoses were noted to include musculoligamentous sprain of the lumbar spine without right lower extremity radiculitis, disc bulge at L3-4 and L4-5, right L5 radiculopathy, musculoligamentous sprain of the cervical spine with upper extremity radiculitis, musculoligamentous sprain of the thoracic spine, disc bulge at C3-4, C5-6 and C6-7 and disc bulge at T10-11 along with right C8 radiculopathy. The request was made for a 30 day trial of an H-wave home care system and supplies and the decision for 12 sessions of massage therapy 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day trial of the H-Wave Homecare system and supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 117.

**Decision rationale:** California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention; however, they recommend a one-month trial for chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The clinical documentation submitted for review indicated that the patient had trialed and failed a TENS unit, physical therapy and medications. The patient was noted to be able to decrease her pain medications with the use of the H-wave for 2 weeks. It was noted that the patient was able to sleep better, sit longer, stand longer, perform more housework and walk farther. However, the patient's unit was noted to have stopped working and this would be replacement unit. There was a lack of documentation indicating the patient would be using the treatment as an adjunct to a program of evidence based restoration. Given the above the request for a 30 day trial of an H-wave home care system and supplies is not medically necessary.

**12 sessions of massage therapy 2 times per week for 6 weeks (Align Network):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage for Subacute and Chronic Low Back Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**Decision rationale:** The California MTUS Guidelines recommend massage therapy for a treatment of 4 to 6 visits as an adjunct to other therapy. The clinical documentation submitted for review indicated that the patient had previously had massage therapy; however, it failed to provide documentation of the functional benefit of the requested treatment and it failed to provide that the patient would be using it as an adjunct to other recommended treatments. The request for 12 sessions would be in excess of the recommended guidelines. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 12 sessions of massage therapy 2 times a week for 6 weeks is not medically necessary.