MAXIMUS Federal Services

| Case Number: | CM13-0022094 | | |
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| Date Assigned: | 03/12/2014 | Date of Injury: | 06/06/2008 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

## 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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 55 year old female with a work injury dated 6/6/08. The diagnoses include musculoligamentous lumbosacral strain and aggravation of underlying degenerative diskdisease at L5-S1; spinal stenosis L3-4 and L4-5 with left-sided radiculitis/radiculopathy, greater than right sided radiculopathy; left knee moderate to severe medial compartment osteoarthrosis status post left knee arthroscopy, chondroplasty patella, arthroscopic lateral release with grade 3 to 4 chondromalacia of the lateral facet patella; right knee diagnoses under investigation. Under consideration is a request for a personal trainer; H wave; Lidoderm. There is a primary treating physician report dated 8/15/13 that states that the patient is still taking 3 hydrocodone 10 mg qd and has been for years at this point. Her symptoms are the same. She is still having low back pain with radiating pain into the bilateral buttock regions and hamstring regions. The patient is frustrated. She saw the chiropractor and he did not do anything for her to help relieve her symptoms to any degree. Again, she wants to see a personal trainer to try to do some core strengthening activities. On exam of the low back she has moderate tenderness in the low back today. She has the perception of slight decreased sensation on the left lateral calf and lateral foot regions and a little tingling on the dorsal aspect of the right foot. There is decreased lumbar range of motion and a positive straight leg raise. The treatment plan includes a request for personal trainer for this patient for increasing her endurance and strength without aggravating the back. There is a request for Lidoderm patches and a refill of Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PERSONAL TRAINER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** Personal Trainer is not medically necessary per the MTUS guidelines. The guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The documentation is not clear on why the patient requires a personal trainer rather that participates in an independent self-directed home exercise program as recommended by the MTUS. The request for personal trainer additionally does not have duration and is not medically necessary.

**H-WAVE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines H-wave stimulation (HWT) Page 117-118. Page(s): 117-11.

**Decision rationale:** H wave is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that the H wave is not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The documentation does not indicate failure of conservative care or TENS. The documentation does not indicate an adjunct program of evidence based functional restoration. For these reasons an H wave is not medically necessary.

**LIDODERM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

**Decision rationale:** Lidoderm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Lidoderm patch is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Additionally the guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate evidence of post herpetic neuralgia. The request does not indicate whether this is a patch or cream or a quantity/duration of Lidoderm. The request for Lidoderm is not medically necessary.