

<b>Case Number:</b>	CM14-0014204		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	11/26/2001
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Occupational Medicine 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:

This is a 45-year-old patient with an 11/26/01 date of injury. The exact mechanism of injury has not been described. A progress report dated on 1/20/14 indicated that the patient complained of low back pain and lumbar pain, 5/10. The patient stated that stretching, back extension, lifting, and standing worsened his condition. He also complained of mild cervical pain. It was noted that the patient was doing a home exercise program, and increased his functional capacity. Physical exam revealed pain to palpation over C2-3, C3-4 and C4-5 facet capsules. There was positive maximal foraminal compression on the left. Lumbar spine demonstrated pain to palpation over L3-4, L4-5 and L5-S1 facet capsule, in the left. There was secondary myofascial pain with triggering and positive stork test in the left. MRI dated on 1/1/13 showed left paracentral extrusion on C5-6. L4-5 disk injury and L5-S1 annular tear. He was diagnosed with low back pain and lumbosacral spine chronic discogenic and medial facet compromise. Treatment to date includes medication management and physical therapy. There is documentation of a previous 1/30/14 adverse determination. The H-wave unit was not certified based on the fact that HWT was not supported for muscle spasm treatment. Additional PT sessions were not certified, because it was not clear did the patient have functional improvement after prior PT treatment. The lab tests were not certified, because the relevance of information provided by these tests in regards to past injury was not evident.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit purchase for neck and lower back:** Upheld

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

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

**Decision rationale:** California MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). However, there was no documentation supporting failure of medication management, or physical therapy treatment. In addition there was documentation of prior use and failure of TENS unit. Guidelines do not indicate benefits of H-wave unit for neuropathic pain. Therefore, the request for H-wave unit purchase for neck and lower back was not medically necessary.

**Physical therapy x8 to the neck and lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function Chapter 6, Page 114).

**Decision rationale:** California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, the patient was injured in 2001. There was no documentation supporting objective significant functional gains following her previous physical therapy sessions. It was unclear how many PT sessions he had completed. In addition, there was documentation that the patient had increased his functionality with a home exercise program. Therefore, the request for physical therapy x8 to the neck and lower back was not medically necessary.

**Labs (CMP, CBC, TSH, Testosterone Free and Total, AM, PSA):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings'.

**Decision rationale:** California MTUS does not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. However, it was not clear why this patient needed lab tests, with CMP, CBC, TSH, free testosterone and total, as well as a PSA. There was no clear rationale provided as to why the patient needed the laboratory tests. Guidelines generally support routine blood test monitoring, particularly for patients on long-term opiates and NSAIDs to monitor renal and hepatic function. However, it is unclear why the patient needs thyroid function, testosterone, and PSA checked as well. Therefore, the request for (CMP, CBC, TSH, testosterone free and total, AM, PSA) was not medically necessary.