

<b>Case Number:</b>	CM14-0035474		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 57 year old male who reported an injury on 03/12/2013. The mechanism of injury was extensive sitting. The diagnoses included degenerative joint disease/degenerative disc disease of the lumbar spine, lumbar radiculopathy, and coccygodynia. Previous treatments include 14 sessions of physical therapy, 2 lumbar epidural steroid injections, facet injections, medications, EMG, and acupuncture. The clinical note dated 02/27/2014 reported the injured worker reported previous physical therapy had no improvement in his symptoms. Upon the physical examination, the provider noted tenderness to palpation over the upper, mid, and lower paravertebral muscles. The range of motion of flexion is at 30 degrees, and extension at 15 degrees. The provider noted there was increased pain with lumbar extension. The injured worker had a negative straight leg raise. On examination of the pelvis, the provider noted some tenderness to palpation over the coccyx and no pain with compression/distraction of the pelvis. The provider noted the injured worker had patchy decreased sensation in the bilateral lower extremity. The provider requested physical therapy, H-wave, and a neuro consult for functional restoration. The request for authorization of the H-wave was submitted and dated on 02/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy times 12 for spine rehab and functional restoration: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98-99 Page(s): 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The MTUS Chronic Pain Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The MTUS Chronic Pain Guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's efficacy of the prior physical therapy. There is lack of documentation including an adequate and complete physical examination demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. The clinical documentation submitted indicated the injured worker had undergone 14 sessions of physical therapy to date. Therefore, the request for an additional 12 sessions exceeds the MTUS Chronic Pain Guidelines' recommendations of 8 to 10 visits. Therefore, the request is not medically necessary and appropriate.

**H-wave unit for purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT), page(s) 117-119 Page(s): 117-119.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend the H-wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathic pain, or 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 and medications plus transcutaneous electrical stimulation unit. There is a lack of documentation indicating the injured worker is treated or diagnosed with diabetic neuropathic pain. There is lack of documentation indicating the injured worker failed on previous physical therapy or utilized the use of an electrical nerve stimulation unit. In addition, the request does not specify the treatment site. Therefore, the request for an H-wave unit for purchase is not medically necessary and appropriate.

**Neuro consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Office Visits.

**Decision rationale:** The injured worker reported he had physical therapy sessions with no improvement. He reported he continued with self care treatment. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management outpatient visits to the office of the medical doctor play a crucial role in the proper diagnosis and return to function of an injured worker, and this should be encouraged. The need for clinical office visits with a healthcare provider is individualized based upon review and persistent concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is based on what medication the patient is taking, since some medications such as opioids or antibiotics require close monitoring. As the patient's conditions are extremely varied, a set of number of office visits per condition cannot be reasonably established. The request as submitted failed to provide the quantity of visits requested by the physician. Additionally, the clinical documentation submitted does not warrant the medical necessity for a neuro consultation. Therefore, the request is not medically necessary and appropriate.