MAXIMUS Federal Services

Case Number:	CM14-0070732		
Date Assigned:	07/14/2014	Date of Injury:	12/17/2009
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/16/2014

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, has a subspecialty in Pain Management 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 male patient with a date of injury of December 17, 2009. A utilization review determination dated April 25, 2014 recommends non-certification of pain management transfer of care, home H-wave, and additional chiropractic treatment #21. A progress note dated May 9, 2014 identifies subjective complaints of a statement reporting that the patient has completed an MRI which showed significant disc lesions and that the patient is in need of an ortho spine consult. Physical examination identifies loss of motion of the cervical/lumbar spine, positive or so testing, sensory loss at C5-6 and L5-S1 bilaterally. Diagnoses include lumbar region, lumbar maillot spasm, and lumbar sprain/strain. The treatment plan recommends referral for cervical spine consultation, stress management, and pain management. A 14 day H-wave outcome report dated April 16, 2014 identifies that the patient states that the H-wave is more helpful than prior treatment, the H-wave has allowed the patient to sit longer, the H-wave provides 10% improvement, and the patient feels that the H-wave in conjunction with medication and chiropractic care makes him feel better and would like to continue using it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Transfer of Care: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for pain management transfer of care, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient is already under the care of a pain management physician. There is no documentation indicating any specific reason for the request for transfer of care to another pain management physician. In light of the above issues, the currently requested pain management transfer of care is not medically necessary.

Home H-Wave: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118.

Decision rationale: Regarding the request for home H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation 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 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 nerve stimulation. Within the documentation available for review, there is indication that the patient has undergone physical therapy and a clinical tens unit trial. However, there is no indication as to how much physical therapy the patient has undergone, and what the specific response to that therapy might have been. Additionally, it is unclear whether the patient underwent a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. Additionally, the patient has only had a 14-day H-wave trial with documentation of 10% improvement. As such, the currently requested home H wave device is not medically necessary.

Additional Chiropractic Treatment #21: 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 Page(s): 58-60.

Decision rationale: Regarding the request for additional chiropractic treatment #21, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear how many visits the patient has completed so far, and it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 21 treatment sessions exceeds the 18 visits recommended by guidelines. In the absence of clarity regarding the above issues, the currently requested additional chiropractic treatment #21 is not medically necessary.